

Prescription Medication Formulary

**BlueSignature Prosano, Core Value, Everyday Copay,
EverydayHealth, Prosano Clarity, Prosano Connected Care,
Prosano Priority, Prosano Protect.**

Effective 1/1/27

Your prescription medications fall into one of seven categories or “tiers.” This means the member cost share for covered prescription medications varies depending on which tier a medication is in. Each tier may have a different cost share. Medications are assigned to tiers based on their quality, value, and effectiveness.

Tier	Description
\$0	Preventive Medications including Women’s Prevention (primarily generics)
1a	Lower Cost Share (select medications)
1b	Low Cost Share
2	Moderate Cost Share
3	Highest Cost Share
SP	Specialty Drugs (limited to a 30 day supply at the in-network Specialty or Retail pharmacy)
MB	Medical Benefit (when covered, these medications will be under the medical benefit)

Questions?

Additional information about your benefits, including the formulary, claim forms, other resources, and pharmacy coverage guidelines for precertification, may be found on our public website at <https://www.azblue.com/pharmacy/affordable-care-act-plans>.

You can also log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
AZ Blue	Call the number on your ID card	8 a.m. to 5 p.m. Monday - Friday

What Is Covered on the Formulary?

This is the list of covered formulary medications chosen by the Blue Cross® Blue Shield® of Arizona (AZ Blue) Pharmacy & Therapeutics (P&T) Committee, which is made up of community doctors and pharmacists.

AZ Blue covers the medications listed as long as:

- The medication is medically necessary and appropriate
- The medication has been approved by the Food and Drug Administration (FDA) for the diagnosis for which the medication has been prescribed
- The medication is not a benefit plan exclusion

Depending on the specifics of your benefit plan, other conditions may apply, such as requiring the medication to be filled at a AZ Blue network pharmacy.

Additionally, covered medications are subject to limitations, including but not limited to, prior authorization, step therapy, quantity, age, gender, dosage, and frequency of refills.

What if my Medication is not on the Formulary?

Sometimes our members need access to drugs that are not listed on the plan's formulary (drug list). These medications are often referred to as non-formulary medications. Non-Formulary medications are not covered unless an exception is made. Requirements are outlined in the [Non-Formulary Medications Coverage Guideline \(for Closed Formularies\)](#).

Non-Formulary Exception Process

If a member or provider feels there are no suitable formulary alternatives available, he or she may request that an exception be made to allow coverage for a non-formulary medication by filling out the [Pharmacy Prior Authorization Request Form](#) and providing appropriate documentation supporting the request. The form and documentation may be submitted by fax to 602-864-3126 or by email to pharmacyprecert@azblue.com.

A non-formulary exception request does not guarantee approval. Drugs that are not listed on the formulary below but are considered specific benefit plan exclusions will not be covered (see “What is Not Covered?” below).

Formulary exception requests are reviewed within 72 hours from the time that the complete request has been received. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

These medications are initially reviewed by AZ Blue through the formulary exception review process. If your request is denied, you have the right to an external review and detailed instructions will be provided on your denial letter.

What Is Not Covered (Benefit Exclusion)?

Certain medications or medication classes are pharmacy benefit plan exclusions, including but not limited to the items below:

- Athletic performance
- Clinic packs
- 'Combination' products, including:
 - Medications packaged with one other or multiple other prescription products
 - Medications packaged with over-the-counter medications, supplies, medical foods, vitamins, or other excluded products
- Cosmetic purposes
- Excluded Drugs List
 - Medications that only modify the dosage form (tablet, capsule, liquid, suspension, extended release, tamper resistant) for a medication that is already available in a common dosage form
 - Medications with one or more principal ingredients that are already available in greater/lesser strengths and/or combinations
- Experimental and/or investigational
- Fertility/infertility
- Lifestyle enhancement
- Medical foods
- Medical devices, unless specifically noted in the listing below
- Non-FDA approved, including DESI
- Off-label, unlabeled and orphan medications, unless specifically noted in the listing below
- Over-the-counter (OTC) medications that can be obtained without a prescription, unless specifically noted in the listing below and obtained using a prescription
 - Medications with primary therapeutic ingredients that are sold over the counter in any form, strength, packaging, or name
- Sexual dysfunction
- Unit-dose packaging, unless that is the only form in which the medication is available
- Weight Gain or Loss

Medications that exceed limitations, including quantity, age, gender, and refill limits, may not be covered. Coverage is not available for medications used to treat a condition not covered under your benefit plan. If a medication does not process at the pharmacy and you do not understand why, please contact us. Medications may reject for many reasons, including member eligibility, exclusion status, quantity, age, gender, dosage, and/or frequency of refill limitations.

If you need to verify medication coverage or requirements, refer to your benefit book or contact us.

How Much Will My Medications Cost?

Benefits and cost sharing for prescription medications vary depending on your benefit plan terms, the medication prescribed, and whether the medication is obtained at a retail pharmacy, a specialty pharmacy, or a mail order pharmacy. Please consult the member benefit plan book and Summary of Benefits and Coverage (SBC) for a complete description of the prescription medication benefit. If the information in this section differs from the applicable benefit plan, the terms of your benefit plan apply.

If your plan does not cover a medication and you obtain it, you will have to pay the full cost of the medication and costs incurred for non-covered medications are not applied to the deductible or out-of-pocket-maximum.

No exceptions will be made regarding the assigned tier of a medication.

When and Why Are Tier Changes Made? How Will I Know?

Medications may change tier twice each year (January 1 and July 1). AZ Blue's Pharmacy and Therapeutics (P&T) Committee meets on a quarterly basis to review recommended changes and make determinations. Members will be notified of any changes as required by law.

A medication may change tiers for a variety of reasons, including but not limited to:

- Recommendation by the AZ Blue P&T Committee
- Availability of a new generic option
- New clinical information

Mandatory Generics

If you purchase a brand-name medication when a generic equivalent is available, you will pay the tier 1a or 1b copay plus the difference between the allowed amounts for the generic and brand-name medications, even if the prescribing provider indicates on the prescription that the brand-name medication is what you should have.

Exceptions are made when a medication is approved through the step therapy process if all alternative medications have been tried and failed, or when AZ Blue requires the brand-name medication to be utilized as the preferred medication. Please refer to your benefit book or contact the pharmacy customer service phone number on the back of your ID card with any questions.

Legal Disclaimer

Information provided is subject to all terms, conditions, limitations, and exclusions of your benefit plan. In the event of any discrepancy, the claims adjudication system and your benefit plan take precedence.

Abbreviations Quick Reference

AL: Age Limit

DS: Days' Supply Limit

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

QL: Quantity Limit

R&M: Retail & Mail Distribution

SP: Specialty Pharmacy Distribution

ST: Step Therapy

Utilization Management & Limitation Abbreviations with Explanations

AL: Age Limit

Coverage may be limited to specific patient age(s) based on recommendations by the Food and Drug Administration (FDA). If a medication is outside of age limits, it will reject at the pharmacy; your provider may request Prior Authorization.

DS: Days' Supply Limit

Coverage may be limited to specific minimum or maximum days' supply. If a medication is above days' supply limits, it will reject at the pharmacy; your provider may request Prior Authorization.

Additionally, general days' supply maximum apply as noted below:

Retail	Retail-90	Mail Order	Specialty
30 days' supply	90 days' supply	90 days' supply	30 days' supply

Please note, certain benefit plans may not offer retail-90, or retail-90 may be limited to maintenance medications only.

F: Female Only Gender Limit

M: Male Only Gender Limit

PA: Prior Authorization

Certain medications require approval prior to being obtained through your pharmacy benefits. This process is called prior authorization. A prior authorization request must be submitted and signed by your provider. Request forms are found at azblue.com. Click on the *Resource Center* tab, select *Pharmacy* and select *View resources for ACA Pharmacy Plans*. Forms are listed at the bottom of the page by medication name under "Pharmacy Coverage Guidelines and Precertification Forms". If the medication being requested is not listed under the specific forms section, please use the general form listed on azblue.com at the top of the page under *Other Forms and Resources*. Instructions on where to submit the form and the required information is included within the form itself.

Prior Authorization requests are reviewed within 10 business days for standard requests. Requests noted by your provider as urgent are reviewed within 72 hours. If a request is marked as having exigent circumstances the exception request will be reviewed within 24 hours. An exigent request requires a written statement from the prescriber, explaining the reason for exigency.

What is a Pharmacy Coverage Guideline?

The AZ Blue Pharmacy and Therapeutics (P&T) Committee creates pharmacy coverage guidelines, which take into consideration the medical literature. The guideline may state specific limitations, including dosing, gender limits, age limits, or FDA indications for use. If the application of a guideline results in a

non-covered claim, the provider has the option to appeal the decision.

Additional information about your pharmacy benefits can be found on azblue.com under *Forms and Resources*. This includes:

- Precertification Guidelines and Forms
- Mail Order Enrollment Forms
- Claim Forms

QL: Quantity Limit

Coverage may be limited to specific quantities per prescription and/or time period based on FDA recommendations. Coverage may also be stricter for controlled substances. If a medication is above quantity limits, it will reject at the pharmacy; your provider may request Prior Authorization.

R&M: Retail & Mail Distribution

Distribution limitations may apply.

- **Retail**—AZ Blue uses Optum's National Network. Generally, all major pharmacy chains operating in Arizona are contracted to provide retail pharmacy services for AZ Blue members. Certain benefit plans may offer a limited network that excludes CVS and Target.
- **Mail order**—AZ Blue does not provide out-of-network mail order pharmacy benefits. OptumRx® Home Delivery Pharmacy is AZ Blue's exclusive mail order pharmacy provider. Complete the [Mail Order Pharmacy Form](#) on azblue.com to get started.

SP: Specialty Pharmacy Distribution

These medications are covered up to a 30-day supply and include self-injectable, oral, topical, and inhaled medications. The preferred specialty pharmacy is Optum Specialty Pharmacy. Please call Optum Specialty Pharmacy at (866) 618-6741 to begin working with a Patient Care Coordinator who will guide you through the process of getting your prescription filled through Optum Specialty Pharmacy.

ST: Step Therapy

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

Blue Cross Blue Shield of Arizona Formulary

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Drug Name	Brand	Generic	Additional Information
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant			
*Adhd Agent - Selective Alpha Adrenergic Agonists***			
<i>clonidine hcl er oral tablet extended release 12 hour</i>		T3	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>guanfacine hcl er</i>		T2	AG (Min 6 Years)
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***			
<i>atomoxetine hcl oral capsule 10 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>atomoxetine hcl oral capsule 18 mg, 25 mg, 40 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
*Amphetamine Mixtures***			
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 5 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 25 mg, 30 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>amphetamine-dextroamphetamine</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
*Amphetamines***			
<i>amphetamine sulfate</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg</i>		T2	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>		T2	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate oral capsule</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>lisdexamfetamine dimesylate oral tablet chewable</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
ZENZEDI ORAL TABLET (Dextroamphetamine Sulfate) 10 MG, 5 MG	T2	T2	AI (6 tablets per day); QL (6 tablets per 1 day)
*Anorexiant Non-Amphetamine***			
<i>phendimetrazine tartrate</i>		T3	
<i>phentermine hcl oral capsule 15 mg, 30 mg</i>		T3	
*Dopamine And Norepinephrine Reuptake Inhibitors (Dnris)***			
SUNOSI	T3		PA

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Drug Name	Brand	Generic	Additional Information
*Stimulants - Misc.***			
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>armodafinil oral tablet 50 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>dexmethylphenidate hcl</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 15 mg</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day); AG (Min 6 Years)
<i>methylphenidate</i>		T3	AI (1 patch per day); QL (1 patch per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 20 mg, 30 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 60 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>		T2	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er (xr)</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er oral tablet extended release</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 54 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl er(diffus) oral tablet extended release 36 mg</i>		T3	AI (1 tablet per day); QL (2 tablet per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>		T2	AI (30ml per day); QL (30 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>		T2	AI (60ml per day); QL (60 ML per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 10 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet 20 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
<i>methylphenidate hcl oral tablet 5 mg</i>		\$0	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 6 Years)
<i>methylphenidate hcl oral tablet chewable</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 6 Years)
<i>modafinil oral</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
Allergenic Extracts/Biologicals Misc			
*Allergenic Extracts***			
GRASTEK	T3		PA
*Mixed Allergenic Extracts***			
ODACTRA	T3		PA
Amebicides			
*Amebicides***			
SOLOSEC	T3		AI (1 packet per 6 months); QL (1 packet per 6 Monthss)
Aminoglycosides			
*Aminoglycosides***			
<i>gentamicin sulfate injection</i>		MB	
<i>neomycin sulfate oral</i>		T3	
<i>tobramycin inhalation</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Analgesics - Anti-Inflammatory			
*Antirheumatic - Janus Kinase (Jak) Inhibitors***			
RINVOQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RINVOQ LQ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tofacitinib citrate oral solution</i>		SP	PA; AI (10ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 1 day); AG (Min 18 Years)
*Anti-Tnf-Alpha - Monoclonal Antibodies***			
<i>adalimumab-adbm (2 pen)</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm (2 syringe)</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>adalimumab-adbm(cd/uc/hs str) subcutaneous auto-injector kit 40 mg/0.4ml</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>adalimumab-adbm(ps/uv starter)</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HADLIMA	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HADLIMA PUSHTOUCH	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (1 PEN) (Adalimumab-ryvk (2 Pen))	SP	SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (1 SYRINGE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (2 PEN) (Adalimumab-ryvk (2 Pen))	SP	SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMLANDI (2 SYRINGE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Cyclooxygenase 2 (Cox-2) Inhibitors***			
<i>celecoxib oral</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
*Gold Compounds***			
RIDAURA (<i>Auranofin</i>)	T3	T3	
*Interleukin-6 Receptor Inhibitors***			
ACTEMRA ACTPEN	SP		PA; SP
ACTEMRA SUBCUTANEOUS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AVTOZMA SUBCUTANEOUS	SP		PA
*Nonsteroidal Anti-Inflammatory Agent Combinations***			
<i>diclofenac-misoprostol oral tablet delayed release</i>		T1b	
*Nonsteroidal Anti-Inflammatory Agents (Nsaids)***			
<i>diclofenac potassium oral tablet 50 mg</i>		T1b	
<i>diclofenac sodium er</i>		T1b	
<i>diclofenac sodium oral</i>		T1b	
<i>etodolac er oral tablet extended release 24 hour 400 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 500 mg, 600 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>etodolac oral capsule 200 mg</i>		T1b	AI (6 capsules per day); QL (6 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>		T1b	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>etodolac oral tablet 400 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>etodolac oral tablet 500 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>		T3	
<i>flurbiprofen oral tablet 50 mg</i>		T1b	
<i>ibuprofen oral suspension 100 mg/5ml</i>		T1b	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>		T1b	
<i>indomethacin er</i>		T3	
<i>indomethacin oral capsule 25 mg, 50 mg</i>		T1b	
<i>ketorolac tromethamine oral</i>		T1b	AI (20 tablets per 5 days); QL (20 tablets per 5 days)
<i>meclofenamate sodium oral capsule 100 mg</i>		T2	
<i>meclofenamate sodium oral capsule 50 mg</i>		T3	
<i>mefenamic acid oral</i>		T3	
<i>meloxicam oral tablet 15 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>meloxicam oral tablet 7.5 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>nabumetone oral</i>		T1b	
<i>naproxen oral tablet</i>		T1b	
<i>naproxen sodium oral tablet 275 mg</i>		T1b	
<i>oxaprozin oral tablet</i>		T1b	
<i>piroxicam oral</i>		T1b	
<i>sulindac oral</i>		T1b	
*Pyrimidine Synthesis Inhibitors***			
<i>leflunomide oral</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Selective Costimulation Modulators***			
ORENCIA CLICKJECT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Soluble Tumor Necrosis Factor Receptor Agents***			
ENBREL MINI	SP		PA; SP; AI (4 ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	SP		PA; SP; AI (4 ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (4 ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (4ml per 28 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 ML per 28 days)
Analgesics - Nonnarcotic			
*Analgesics-Sedatives***			
BAC (BUTALBITAL-ACETAMIN-CAFF) (Butalbital-APAP-Caffeine)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>		T1b	
<i>butalbital-apap-cafeine oral capsule</i>		T1b	AI (6 capsules per day); QL (6 capsules per 1 day); AG (Min 12 Years)
*Salicylates***			
<i>aspirin 81 oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin adult low strength oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin childrens</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>aspirin regimen</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ADVANCED ASPIRIN REG ST (Aspirin)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ASPIRIN EC LOW DOSE (Aspirin)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET (Aspirin)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (Meijer Aspirin EC)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
BAYER LOW DOSE (Aspirin)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin adult low strength</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>cvs aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin low strength oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>cvs genuine aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>diflunisal oral</i>		T1b	
ECOTRIN LOW STRENGTH (Aspirin)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eq aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eql aspirin ec oral tablet delayed release 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>eql aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ft enteric coated aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>genuine aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp adult aspirin low strength oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>gnp aspirin oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>goodsense aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>h-e-b aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>kls aspirin low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)

Drug Name	Brand	Generic	Additional Information
<i>kp aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>mm aspirin oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (4 tablet per 1 day); AG (Min 45 Years)
<i>qc aspirin low dose oral tablet delayed release</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>qc childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low dose</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin adult low strength oral tablet chewable</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin childrens</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec adult low st</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 325 mg</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin ec oral tablet delayed release 81 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra aspirin oral tablet 325 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>ra pain relief aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb aspirin ec</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
<i>sb aspirin oral tablet</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb childrens aspirin</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sb low dose asa ec</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
<i>sm aspirin ec</i>		\$0	AI (1 tablet per day); QL (0.5 tablet per 1 day); AG (Min 45 Years)
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE (<i>Aspirin</i>)	\$0	\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
Analgesics - Opioid			
*Codeine Combinations***			
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>		T2	AI (272ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (272 ML per 1 day)

Last revision date:10/15/2026 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>acetaminophen-codeine oral tablet 300-15 mg</i>		T1b	AI (26 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (26 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>		T1b	AI (10 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (10 tablets per 1 day)
ASCOMP-CODEINE (<i>Butalbital-ASA-Caff-Codeine</i>)	T1b	T1b	AI (12 capsules per day); QL (12 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>		T1b	AI (12 capsules per day); QL (12 capsules per 1 day)
*Hydrocodone Combinations***			
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>		T1b	AI (196ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (196 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>		T1b	AI (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>		T1b	AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>		T1b	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>		T1b	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>		T1b	AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>		T1b	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
*Opioid Agonists***			
<i>codeine sulfate oral tablet 15 mg</i>		T1b	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>		T1b	AI (20 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (20 tablets per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>		T1b	AI (5 tablets per day: MED dosing limits applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (10 tablets per 1 day)
DILAUDID ORAL TABLET (HYDROMORPHONE HCl) 2 MG	T3	T1b	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
DILAUDID ORAL TABLET (HYDROMORPHONE HCl) 4 MG	T3	T1b	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
DILAUDID ORAL TABLET (HYDROMORPHONE HCl) 8 MG	T3	T1b	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>		T1b	PA; AI (20 patches per month: PA applies for new starts only); QL (20 patches per 30 Months)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>		T3	PA; AI (4 capsules per day); QL (4 capsules per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>		T2	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 32 mg, 8 mg</i>		T3	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg</i>		T3	PA; AI (2 tablets per day: PA applies to new starts only); QL (2 tablets per 1 day); AG (Min 4 Years)
<i>hydromorphone hcl oral liquid 1 mg/ml</i>		T1b	AI (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24.5 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>hydromorphone hcl rectal</i>		T3	AI (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 suppositories per 1 day)
<i>meperidine hcl oral solution</i>		T1b	PA; AI (98ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (98 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>		T1b	PA; AI (18 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 tablets per 1 day)
<i>methadone hcl oral tablet</i>		T3	PA
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>		T1b	AI (4.8ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4.8 ML per 1 day)
<i>morphine sulfate er beads</i>		T3	PA; AI (1 capsule per day); QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>		T3	PA; AI (2 capsules per day); QL (2 capsules per 1 day)
<i>morphine sulfate oral solution 10 mg/5ml</i>		T1b	AI (49ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (49 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>		T1b	AI (24.5ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>		T3	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>		T3	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>morphine sulfate rectal suppository 10 mg</i>		T3	AI (8 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 suppositories per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>morphine sulfate rectal suppository 20 mg</i>		T3	AI (4 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 suppositories per 1 day)
<i>morphine sulfate rectal suppository 30 mg</i>		T3	AI (2 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 suppositories per 1 day)
<i>morphine sulfate rectal suppository 5 mg</i>		T3	AI (18 suppositories per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (18 suppositories per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE <i>(Morphine Sulfate ER) 15 MG, 30 MG, 60 MG</i>	T3	T1b	PA; AI (PA applies to new starts only)
<i>oxycodone hcl oral capsule</i>		T1b	AI (12 capsules per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 capsules per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>		T1b	AI (3.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (3.2 ML per 1 day)
<i>oxycodone hcl oral solution</i>		T1b	AI (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (65.2 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>		T2	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>		T1b	AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>		T1b	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>		T1b	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>		T1b	AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 tablets per 1 day)
<i>oxymorphone hcl er</i>		T3	PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>		T1b	AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>		T1b	AI (6 tablets per day: MED dosing limits applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (6 tablets per 1 day)
<i>tapentadol hcl oral tablet 100 mg, 75 mg</i>		T3	PA; AI (2 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (2 tablets per 1 day)
<i>tapentadol hcl oral tablet 50 mg</i>		T3	PA; AI (4 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (4 EA per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>		T3	AI (2 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); QL (2 tablets per 1 day); AG (Min 16 Years)
<i>tramadol hcl er</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>tramadol hcl oral tablet 50 mg</i>		T1b	AI (16 tablets per day); QL (16 tablets per 1 day)
XTAMPZA ER	T3		PA; AI (4 tablets per day: PA applies to new starts only); QL (4 tablets per 1 day)
XYVONA (Levorphanol Tartrate)	T3	T3	PA; AI (16 tablets per day); QL (16 tablets per 1 day)
*Opioid Combinations***			
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T1b	T1b	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 5-325 MG	T1b	T1b	AI (12 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (12 tablets per 1 day)
ENDOCET ORAL TABLET (oxyCODONE-Acetaminophen) 7.5-325 MG	T1b	T1b	AI (8 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (8 tablets per 1 day)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5ml</i>		T3	AI (65.2ml per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (65.2 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>		T1b	AI (24 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (24 tablets per 1 day)
PERCOCET ORAL TABLET (oxyCODONE-Acetaminophen) 10-325 MG	T3	T1b	AI (6 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (6 tablets per 1 day)
*Opioid Partial Agonists***			
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>		T1b	AI (16 tablets per day); QL (16 tablets per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>		T1b	AI (8 tablets per day); QL (4 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>		T3	AI (4 films per day); QL (4 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>		T3	AI (16 films per day); QL (16 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>		T3	AI (12 films per day); QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>		T3	AI (6 films per day); QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>		T1b	AI (12 tablets per day); QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>buprenorphine transdermal</i>		T1b	PA; AI (8 patches per month: PA applies for new starts only); QL (8 patches per 1 Month); AG (Min 18 Years)
<i>butorphanol tartrate nasal</i>		T3	AI (4x 2.5ml bottles per month); QL (10 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>pentazocine-naloxone hcl</i>		T1b	AI (10 tablets per day: MED limit dosing applies: first two fills are limited to a 7 day supply with a max of 2 fills in a 54 day period.); QL (10 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG	T2		AI (6 tablets per day); QL (6 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	T2		AI (2 tablets per day); QL (2 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG	T2		AI (4 tablets per day); QL (4 tablets per 1 day)
*Tramadol Combinations***			
<i>tramadol-acetaminophen</i>		T1b	AI (16 tablets per day); QL (16 tablets per 1 day)
Androgens-Anabolic			
*Androgens***			
<i>danazol oral</i>		T3	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>methitest</i>		T3	PA
<i>methyltestosterone oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>		T1b	AI (1x 10ml vial per 28 days); QL (10 ML per 28 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>		T1b	AI (4ml per 28 days); QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>		T1b	AI (5ml per 28 days); QL (5 ML per 28 days)
<i>testosterone transdermal gel 1.62 %</i>		T2	AI (limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 12.5 mg/act (1%)</i>		T3	PA; AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>		T2	AI (Limited to 150gm per 30 days); M; QL (150 GM per 30 days); AG (Min 18 Years)
<i>testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>		T2	AI (5gm per day); M; QL (5 GM per 1 day)
Anorectal And Related Products			
*Intrarectal Steroids***			
<i>hydrocortisone rectal enema</i>		T1b	
*Nitrate Vasodilating Agents***			
<i>nitroglycerin rectal</i>		T3	
Anthelmintics			
*Anthelmintics***			
<i>albendazole oral</i>		T3	PA

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Drug Name	Brand	Generic	Additional Information
<i>benznidazole</i>		T3	AI (Limited to 2 fills per 180 days); QL (2 Fills per 180 days); AG (Min 2 Years and Max 12 Years)
<i>ivermectin oral tablet 3 mg</i>		T1b	PA
<i>praziquantel oral</i>		T3	
Antianginal Agents			
*Antianginals-Other***			
<i>ranolazine er</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
*Nitrates***			
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>		T1b	
<i>isosorbide mononitrate</i>		T2	
<i>isosorbide mononitrate er</i>		T2	
NITRO-BID (Nitroglycerin)	T2	T2	
<i>nitroglycerin sublingual</i>		T1b	
<i>nitroglycerin transdermal patch 24 hour</i>		T1b	AI (1 patch per day); QL (1 patch per 1 day)
<i>nitroglycerin translingual solution</i>		T3	
Antianxiety Agents			
*Antianxiety Agents - Misc.***			
<i>buspirone hcl oral tablet 10 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>buspirone hcl oral tablet 15 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>buspirone hcl oral tablet 30 mg</i>		T3	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>buspirone hcl oral tablet 5 mg</i>		T1b	AI (12 tablets per day); QL (12 tablets per 1 day)
<i>buspirone hcl oral tablet 7.5 mg</i>		T3	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>		T1b	
<i>hydroxyzine hcl oral tablet</i>		T1b	
<i>hydroxyzine pamoate oral capsule 100 mg</i>		T2	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>		T1b	
<i>meprobamate oral tablet 200 mg</i>		T3	
*Benzodiazepines***			
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 3 mg</i>		T3	AI (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>		T3	AI (1 tablet per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>		T1b	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 1 mg</i>		T1b	AI (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (3 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam oral tablet 2 mg</i>		T1b	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>alprazolam xr</i>		T3	AI (1 tablet per day, with a fill limitation of up to two fill of any benzodiazepine per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>chlordiazepoxide hcl oral capsule 10 mg, 5 mg</i>		T1b	AI (4 caspsules per day, with a fill limitations of up to two fills of any benzodiazepine per 30 days); QL (4 capsules per 1 day); AG (Min 6 Years)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>		T1b	AI (8 caspsules per day, with a fill limitations of up to two fills of any benzodiazepine per 30 days); QL (8 capsules per 1 day); AG (Min 6 Years)
<i>clorazepate dipotassium oral tablet 15 mg, 7.5 mg</i>		T1b	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day); AG (Min 9 Years)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>		T1b	AI (3 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (3 tablets per 1 day); AG (Min 9 Years)
<i>diazepam oral solution 5 mg/5ml</i>		T3	AI (40ml per day, limitations of up to two fills of any benzodiazepine per 30 days); QL (40 ML per 1 day)
<i>diazepam oral tablet 10 mg, 5 mg</i>		T1b	AI (2 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (2 tablets per 1 day)
<i>diazepam oral tablet 2 mg</i>		T1b	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day)
LORAZEPAM INTENSOL (LORazepam)	T1b	T1b	AI (1 x 30ml bottle per month, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (30 ML per 30 days); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>lorazepam oral tablet</i>		T1b	AI (4 tablets per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>oxazepam oral capsule 10 mg, 15 mg</i>		T1b	AI (5 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (5 capsules per 1 day); AG (Min 6 Years)
<i>oxazepam oral capsule 30 mg</i>		T1b	AI (4 capsules per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (4 capsules per 1 day); AG (Min 6 Years)
Antiarrhythmics			
*Antiarrhythmics Type I-A***			
<i>disopyramide phosphate oral</i>		T1b	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 150 MG	T3		
<i>quinidine gluconate er</i>		T2	
<i>quinidine sulfate oral</i>		T3	
*Antiarrhythmics Type I-B***			
<i>mexiletine hcl oral</i>		T3	
*Antiarrhythmics Type I-C***			
<i>flecainide acetate</i>		T1b	
<i>propafenone hcl</i>		T1b	
<i>propafenone hcl er</i>		T3	
*Antiarrhythmics Type Iii***			
<i>dofetilide</i>		SP	SP; AI (2 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 capsules per 1 day)
MULTAQ	T2		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
PACERONE ORAL TABLET (Amiodarone HCl) 100 MG, 200 MG, 400 MG	T1b	T1b	
Antiasthmatic And Bronchodilator Agents			
*5-Lipoxygenase Inhibitors***			
<i>zileuton er</i>		T3	AI (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); QL (2 tablets per 1 day); AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
*Adrenergic Combinations***			
ADVAIR HFA (<i>Fluticasone-Salmeterol</i>)	T2	T2	AI (1 inhaler per month); QL (1 inhaler per 30 days); AG (Min 3 Years)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	T2		
BEVESPI AEROSPHERE	T3		AI (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following in the last 12 months - Anoro Ellipta, Stiolto Respimat, AND Spiriva (Handihaler or Respimat)); QL (1 inhaler per 1 Month); AG (Min 15 Years)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>Fluticasone Furoate-Vilanterol</i>) 100-25 MCG/ACT, 200-25 MCG/ACT	T2	T2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T2		AG (Min 5 Years)
BREYNA (<i>Budesonide-Formoterol Fumarate</i>)	T3	T3	AI (1 fill per 20 days); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmeterol, or brand Symbicort); QL (0.52 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	T3		AI (1x 10.7gm inhaler per month); ST (Step Therapy required: All of the following for 3 months each in the last 12 months: Pulmicort Flexhaler, Symbicort, Arnuity Ellipta, Advair HFA, Trelegy Ellipta-for 18 and over, Breo Ellipta, Asmanex, Serevent Spiriva Respimat); QL (1 inhaler per 1 Month); AG (Min 18 Years)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	T3		AI (1x 10.7gm inhaler per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months Trelegy Ellipta, Bevespi Aerosphere, and Duaklir Pressair); QL (1 inhaler per 1 Month); AG (Min 18 Years)
COMBIVENT RESPIMAT	T3		AI (2x 4gm inhalers per month); QL (2 inhalers per 30 dayss)
DUAKLIR PRESSAIR	T3		AI (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); QL (1 inhaler per 1 Month); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT	T3		AI (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
DULERA INHALATION AEROSOL 200-5 MCG/ACT	T3		AI (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); QL (13 GM per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act</i>		T2	AI (1 inhaler per month); QL (2 inhaler per 1 Month)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>		T1b	AI (1 inhaler per month); QL (1 inhaler per 1 Month); AG (Min 12 Years)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>		T1b	AI (18ml per day); QL (18 ML per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2		AI (1 carton (4gm) per month); QL (4 GM per 1 Month); AG (Min 18 Years)
SYMBICORT	T2		AI (1 fill per 20 days); QL (0.52 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	T2		
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT	T2		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED (Fluticasone-Salmeterol) 250-50 MCG/ACT	T2	T2	AI (1 inhaler per month); QL (1 inhaler per 1 Month)
*Anti-Ige Monoclonal Antibodies***			
XOLAIR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Anti-Inflammatory Agents***			
<i>cromolyn sodium inhalation</i>		T1b	
*Beta Adrenergics***			
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 2.5 mg/0.5ml</i>		T1b	
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>		T1b	AI (Max #1125ml Mail Order)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>		T1b	
<i>albuterol sulfate oral tablet</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>arformoterol tartrate</i>		T3	AI (4ml (2 vials) per day); QL (120 ML per 30 days); AG (Min 18 Years)
<i>formoterol fumarate inhalation</i>		T3	AI (1 carton per month); QL (120 ML per 30 days); AG (Min 18 Years)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>		T2	AI (3 vials (9ml) per day); QL (3 vials per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>		T1b	AI (3ml per day); QL (3 ML per 1 day)
<i>levalbuterol tartrate</i>		T3	AI (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA); QL (1 inhaler per 1 month)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	T2		AI (1 inhaler per month); QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT	T3		AI (4 inhlaers per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva (Handihaler or Respimat)); QL (4 inhalers per 1 Month); AG (Min 18 Years)
<i>terbutaline sulfate oral</i>		T1b	
VENTOLIN HFA (Albuterol Sulfate HFA)	T3	T1b	
*Bronchodilators - Anticholinergics***			
ATROVENT HFA (Ipratropium Bromide HFA)	T2	T2	AI (2x 12.9gm inhalers per month); QL (2 inhalers per 1 Month)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T3		ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
<i>ipratropium bromide inhalation</i>		T1b	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2		AI (1 inhaler per month); QL (1 inhaler per 1 Month)
<i>umeclidinium ellipta</i>		T3	ST (Step Therapy required: trial of Spiriva Handihaler or Spiriva Respimat in the last 12 months)
*Interleukin-5 Antagonists (Igg1 Kappa)***			
FASENRA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASENRA PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Leukotriene Receptor Antagonists***			
<i>montelukast sodium oral packet</i>		T2	AI (1 packet per day); QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>montelukast sodium oral tablet chewable 4 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable 5 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>zafirlukast</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
*Selective Phosphodiesterase 4 (Pde4) Inhibitors***			
<i>roflumilast</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Steroid Inhalants***			
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T2		AI (2x 6.1gm inhalers per month); QL (6.1 inhalers per 1 Month)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T2		AI (1x 6.1gm inhaler per month); QL (6.1 inhaler per 1 Month)
ARNUIITY ELLIPTA	T2		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2		
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2		
ASMANEX HFA	T2		
<i>beclomethasone diprop hfa</i>		T3	
<i>budesonide inhalation</i>		T2	
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 50 mcg/act</i>		T3	ST (Step Therapy required: 2 fills in the last 6 months - brand Arnuity Ellipta)
<i>fluticasone furoate ellipta inhalation aerosol powder breath activated 200 mcg/act</i>		T3	ST (Step Therapy required: (2 fills in the last 6 months - brand Arnuity Ellipta))
<i>fluticasone propionate diskus</i>		T2	AI (1x 60 count inhaler per month); QL (1 inhaler per 1 Month)
<i>fluticasone propionate hfa</i>		T2	
PULMICORT FLEXHALER	T2		
QVAR REDHALER	T2		
*Thymic Stromal Lymphopoietin (Tslp) Antagonists***			
TEZSPIRE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Xanthines***			
<i>aminophylline anhydrous</i>		T3	PA
ELIXOPHYLLIN (<i>Theophylline</i>)	T1b	T1b	
THEO-24	T3		
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>		T3	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>		T3	
<i>theophylline er oral tablet extended release 24 hour</i>		T1b	
Anticoagulants			
*Coumarin Anticoagulants***			
JANTOVEN (<i>Warfarin Sodium</i>)	T1b	T1a	
*Direct Factor Xa Inhibitors***			
ELIQUIS (1.5 MG PACK)	T2		AG (Max 12 Years)
ELIQUIS (2 MG PACK)	T2		AG (Max 12 Years)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2		AI (74 tablets per 28 days); QL (74 tablets per 28 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2		AG (Max 12 Years)
ELIQUIS ORAL TABLET	T2		AI (3 tablets per day); QL (3 tablets per 1 day)
ELIQUIS ORAL TABLET SOLUBLE	T2		AG (Max 12 Years)
<i>rivaroxaban oral suspension reconstituted</i>		T2	AI (10ml per day); QL (10 ML per 1 day)
<i>rivaroxaban oral tablet</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG	T2		AI (2 tablets per day); QL (2 tablets per 1 day)
XARELTO STARTER PACK	T2		AI (51 tablets per 28 days); QL (51 tablets per 28 days)
*Heparins And Heparinoid-Like Agents***			
BD HEPARIN POSIFLUSH (<i>Heparin Na (Pork) Lock Flsh PF</i>)	T3	T3	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin na (pork) lock flsh pf</i>		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) +rfid</i>		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) injection solution prefilled syringe</i>		T3	AI (120ml per 30 days); QL (120 ML per 30 days)
<i>heparin sodium (porcine) pf</i>		T3	AI (120ml per 30 days); QL (120 ML per 30 days)

Drug Name	Brand	Generic	Additional Information
*Low Molecular Weight Heparins***			
<i>enoxaparin sodium injection solution 300 mg/3ml</i>		T1b	
<i>enoxaparin sodium injection solution prefilled syringe</i>		T1b	AI (2 ml per day); QL (2 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML	T3		
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T3		
*Synthetic Heparinoid-Like Agents***			
<i>fondaparinux sodium</i>		T1b	
*Thrombin Inhibitors - Selective Direct & Reversible***			
<i>dabigatran etexilate mesylate</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
Anticonvulsants			
*Ampa Glutamate Receptor Antagonists***			
<i>perampanel oral suspension</i>		T2	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>perampanel oral tablet 2 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
*Anticonvulsants - Benzodiazepines***			
<i>clobazam oral suspension 2.5 mg/ml</i>		T3	AI (8ml per day); QL (8 ML per 1 day)
<i>clobazam oral tablet</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 2 Years)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>clonazepam oral tablet 2 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 1 mg, 2 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>clonazepam oral tablet dispersible 0.25 mg, 0.5 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>diazepam rectal gel 2.5 mg</i>		T3	AI (10 boxes per month); QL (10 boxes per 30 days)
NAYZILAM	T3		PA
VALTOCO 10 MG DOSE	T3		PA
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3		PA
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3		PA
VALTOCO 5 MG DOSE	T3		PA

Drug Name	Brand	Generic	Additional Information
*Anticonvulsants - Misc.***			
<i>brivaracetam oral solution</i>		T3	AI (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (20 ML per 1 day); AG (Min 4 Years)
<i>brivaracetam oral tablet</i>		T3	AI (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); QL (2 tablets per 1 day); AG (Min 4 Years)
<i>carbamazepine er</i>		T1b	
<i>carbamazepine oral suspension 100 mg/5ml</i>		T1b	
<i>carbamazepine oral tablet chewable 100 mg</i>		T1b	
<i>carbamazepine oral tablet chewable 200 mg</i>		T3	
DIACOMIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
EPITOL (<i>carBAMazepine</i>)	T1b	T1b	
<i>eslicarbazepine acetate oral tablet 200 mg, 400 mg</i>		T3	AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (1 tablet per 1 day)
<i>eslicarbazepine acetate oral tablet 600 mg, 800 mg</i>		T3	AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide); QL (2 tablets per 1 day)
<i>gabapentin oral capsule 100 mg</i>		T1b	
<i>gabapentin oral solution 250 mg/5ml</i>		T1b	
<i>gabapentin oral tablet 600 mg, 800 mg</i>		T1b	
<i>lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml</i>		T3	
<i>lacosamide oral tablet</i>		T2	
<i>lamotrigine er</i>		T1b	
<i>lamotrigine odt oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>		T1b	
<i>lamotrigine oral tablet</i>		T1b	
<i>lamotrigine oral tablet chewable</i>		T1b	
<i>lamotrigine oral tablet dispersible</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>levetiracetam er oral tablet extended release 24 hour 500 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 12 Years)
<i>levetiracetam er oral tablet extended release 24 hour 750 mg</i>		T1b	AG (Min 12 Years)
<i>levetiracetam oral solution 100 mg/ml</i>		T1b	
<i>levetiracetam oral tablet</i>		T1b	
<i>oxcarbazepine</i>		T1b	
<i>oxcarbazepine er</i>		T3	
<i>pregabalin oral</i>		T1b	
<i>primidone oral tablet 250 mg, 50 mg</i>		T1b	
RELGAABI ORAL CAPSULE (Gabapentin) 300 MG, 400 MG	T1b	T1b	
ROWEEPRA ORAL TABLET (levETIRAcetam) 500 MG	T1b	T1b	
<i>rufinamide oral suspension 40 mg/ml</i>		T3	PA
<i>rufinamide oral tablet</i>		T3	PA
SUBVENITE ORAL TABLET (lamoTRlgine) 100 MG	T1b	T1b	
<i>topiramate er oral capsule er 24 hour sprinkle</i>		T3	AI (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); QL (1 capsule per 1 day); AG (Min 3 Years)
<i>topiramate er oral capsule extended release 24 hour</i>		T3	AI (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (1 capsule per 1 day); AG (Min 6 Years)
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>topiramate oral solution 25 mg/ml</i>		T3	AI (16ml per day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); QL (16 ML per 1 day)
<i>topiramate oral tablet</i>		T1b	
<i>zonisamide oral</i>		T1b	
*Carbamates***			
<i>felbamate</i>		T1b	

Drug Name	Brand	Generic	Additional Information
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3		AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
XCOPRI (350 MG DAILY DOSE)	T3		AI (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (2 tablets per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T3		AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET 25 MG	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
XCOPRI ORAL TABLET THERAPY PACK	T3		AI (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); QL (1 tablet per 1 day); AG (Min 18 Years)
*Gaba Modulators***			
<i>tiagabine hcl</i>		T3	
VIGADRONE (Vigabatrin)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIGPODER	SP		PA; SP
*Hydantoins***			
DILANTIN ORAL CAPSULE 30 MG	T3		
PHENYTEK	T1b		AI (2 capsules per day); QL (2 capsules per 1 day)
<i>phenytoin oral tablet chewable</i>		T1b	
<i>phenytoin sodium extended oral capsule 100 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>		T1b	AI (2 dapsules per day); QL (2 capsules per 1 day)
*Succinimides***			
<i>ethosuximide oral</i>		T2	
<i>methsuximide</i>		T3	
*Valproic Acid***			
<i>divalproex sodium er oral tablet extended release 24 hour</i>		T1b	
<i>divalproex sodium oral capsule delayed release sprinkle</i>		T3	
<i>divalproex sodium oral tablet delayed release 125 mg</i>		T1a	
<i>divalproex sodium oral tablet delayed release 250 mg, 500 mg</i>		T1b	
<i>valproic acid oral capsule</i>		T1b	
<i>valproic acid oral solution 250 mg/5ml</i>		T1b	
Antidepressants			
*Alpha-2 Receptor Antagonists (Tetracyclics)***			
<i>mirtazapine oral tablet</i>		T1b	
<i>mirtazapine oral tablet dispersible</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
*Antidepressants - Misc.***			
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>		T1a	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>		T1a	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>bupropion hcl oral</i>		T1b	
*Monoamine Oxidase Inhibitors (Maois)***			
MARPLAN	T3		
<i>phenelzine sulfate oral</i>		T1b	
<i>tranylcypromine sulfate</i>		T1b	
*Selective Serotonin Reuptake Inhibitors (Ssris)***			
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>		T1b	
<i>citalopram hydrobromide oral tablet 10 mg</i>		T1a	
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>		T1b	
<i>escitalopram oxalate oral solution</i>		T1b	
<i>escitalopram oxalate oral tablet</i>		T1b	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>		T1a	
<i>fluoxetine hcl oral capsule 40 mg</i>		T1b	
<i>fluoxetine hcl oral solution</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>		T1b	
<i>fluoxetine hcl oral tablet 60 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fluvoxamine maleate</i>		T2	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg</i>		T2	AI (2 capsules per day); QL (2 capsule per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour 150 mg</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>paroxetine hcl er</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>paroxetine hcl oral suspension</i>		T3	
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>sertraline hcl oral concentrate</i>		T1b	
<i>sertraline hcl oral tablet 100 mg, 50 mg</i>		T1b	
<i>sertraline hcl oral tablet 25 mg</i>		T1a	
*Serotonin Modulators***			
<i>nefazodone hcl</i>		T3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>		T1b	
<i>trazodone hcl oral tablet 300 mg</i>		T1b	AI (2 tablets per day); QL (2 tablet per 1 day)
TRINTELLIX ORAL TABLET 10 MG	T3		AI (2 tablets per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (2 tablets per 1 day); AG (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	T3		AI (1 tablet per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); QL (1 tablet per 1 day); AG (Min 18 Years)
VIIBRYD STARTER PACK	T3		AI (1 box per lifetime); QL (1 box per 1 Lifetime); AG (Min 18 Years)
<i>vilazodone hcl</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***			
<i>desvenlafaxine er</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
DRIZALMA SPRINKLE	T3		AI (1 capsule per day); ST (Step Therapy required: Through Cymbalta (brand or generic) for 3 months within last 6 months.); QL (1 capsule per 1 day); AG (Min 7 Years)
<i>duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>		T1b	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>		T1b	AI (3 capsules per day); QL (2 capsules per 1 day)
<i>venlafaxine hcl er</i>		T1b	
<i>venlafaxine hcl oral tablet 100 mg, 75 mg</i>		T1b	
<i>venlafaxine hcl oral tablet 25 mg, 37.5 mg, 50 mg</i>		T1a	
*Tricyclic Agents***			
<i>amitriptyline hcl oral</i>		T1b	
<i>amoxapine oral tablet 100 mg</i>		T1b	
<i>amoxapine oral tablet 150 mg, 25 mg, 50 mg</i>		T2	
<i>clomipramine hcl oral</i>		T1b	
<i>desipramine hcl oral</i>		T1b	
<i>doxepin hcl oral capsule</i>		T1b	
<i>doxepin hcl oral concentrate</i>		T1b	
<i>imipramine hcl oral</i>		T1b	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg</i>		T3	AI (2 tablets per day); QL (2 capsules per 1 day)
<i>imipramine pamoate oral capsule 75 mg</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>nortriptyline hcl oral capsule</i>		T1b	
<i>protriptyline hcl</i>		T1b	
<i>trimipramine maleate oral capsule 50 mg</i>		T3	
Antidiabetics			
*Alpha-Glucosidase Inhibitors***			
<i>acarbose oral</i>		T1b	
*Antidiabetic - Amylin Analogs***			
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		AI (4 pens per month); QL (4 pens per 30 days); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
*Biguanides***			
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>		T1a	AI (5 tablets per day); QL (5 tablets per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>metformin hcl oral tablet 1000 mg, 500 mg</i>		T1a	
<i>metformin hcl oral tablet 850 mg</i>		T1b	
*Diabetic Other***			
BAQSIMI ONE PACK	T2		AI (2 intranasal devices per month); QL (2 boxes per 30 days)
BAQSIMI TWO PACK	T2		AI (2 intranasal devices per month); QL (1 box per 30 days)
<i>diazoxide oral</i>		T3	
<i>glucagon emergency injection kit</i>		T2	AI (2 per month); QL (2 injections per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg</i>		T2	AI (2 injections per 30 days supply); QL (2 injections per 30 days)
<i>glucagon emergency injection solution reconstituted 1 mg/ml</i>		T2	AI (2 boxes per month); QL (2 boxes per 30 days)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***			
<i>alogliptin benzoate</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>saxagliptin hcl</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>sitagliptin phosphate</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
TRADJENTA	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***			
<i>alogliptin-metformin hcl</i>		T3	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T3		AI (1 tablet per day); QL (1 tablets per 1 day); AG (Min 18 Years)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (SITaglip Phos-metFORMIN HCl ER) 50-1000 MG, 50-500 MG	T3	T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
JENTADUETO	T3		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
JENTADUETO XR	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>saxagliptin-metformin er</i>		T2	
<i>sitagliptin phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>sitagliptin phos-metformin hcl</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Dopamine Receptor Agonists - Ergot Derivatives***			
CYCLOSET	T3		
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***			
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>		T3	
*Human Insulin***			
APIDRA	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMALOG INJECTION (<i>Insulin Lispro</i>)	T3	T1b	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG JUNIOR KWIKPEN (<i>Insulin Lispro Junior KwikPen</i>)	T2	T3	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Insulin Lispro (1 Unit Dial)</i>) 100 UNIT/ML	T2	T3	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 75/25	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>Insulin Lispro Prot & Lispro</i>)	T2	T3	AI (2ml per day); QL (2 ML per 1 day)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMALOG TEMPO PEN	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN 70/30	T1a		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN N	T1a		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R	T1a		AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R U-500 (CONCENTRATED)	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		PA; AI (2ml per day); QL (2 ML per 1 day)
<i>insulin aspart flexpen</i>		T3	AI (2ml per day); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>insulin degludec</i>		T3	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>		T3	AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
<i>insulin glargine</i>		T3	PA; AI (2ml per day); QL (2 ML per 1 day)
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>		T1b	AI (Civica NDCs 72572042205, 72572042405 are covered with no PA, daily dose 2ml @ Sort Pak, call 877-570-7787.); QL (2 ML per 1 day)
KIRSTY	T3		AI (2ml per day); QL (2 ML per 1 day)
LANTUS	T3		AI (2ml per day); QL (2 ML per 1 day)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		AI (2ml per day); QL (2 ML per 1 day)
LYUMJEV	T3		PA; AI (10ml per month); QL (10 ML per 1 Month)
LYUMJEV KWIKPEN	T3		PA; AI (15ml per month); QL (15 ML per 1 Month)
LYUMJEV TEMPO PEN	T3		PA; AI (15ml per month); QL (15 ML per 1 day)
MERILOG	T3		AI (2ml per day); QL (2 ML per 1 day)
MERILOG SOLOSTAR	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30	T3		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 FLEXPEN RELION	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN 70/30 RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N FLEXPEN RELION	T2		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN N RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLIN R FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
NOVOLIN R RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG 70/30 FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN RELION	T3		AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T3		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG INJECTION	T3		AI (2 ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 (<i>Insulin Aspart Prot & Aspart</i>)	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>Insulin Asp Prot & Asp FlexPen</i>)	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>Insulin Aspart PenFill</i>)	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
NOVOLOG RELION INJECTION (<i>Insulin Aspart</i>)	T3	T3	AI (2ml per day); QL (2 ML per 1 day)
REZVOGLAR KWIKPEN	T2		
TRESIBA	T3		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T3		PA; AI (2ml per day); QL (2 ML per 1 day); AG (Min 1 Years)
*Incretin Mimetic Agents (Gip & Glp-1 Receptor Agonists)***			
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2		PA; AI (2ml per 28days); QL (4 pens per 28 days)
*Incretin Mimetic Agents (Glp-1 Receptor Agonists)***			
<i>exenatide subcutaneous solution pen-injector 10 mcg/0.04ml</i>		T2	PA; AI (2.4ml (60 doses) per month); QL (1 pen per 1 Month); AG (Min 18 Years)
<i>exenatide subcutaneous solution pen-injector 5 mcg/0.02ml</i>		T2	PA; AI (1.2ml (60 doses) per month); QL (1 pen per 30 days)
OZEMPIC	T2		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2		PA; AI (2 pens per 28 days); QL (2 pens per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
OZEMPIC (2 MG/DOSE)	T2		PA; AI (1 pen per 28 days); QL (1 pen per 28 days)
RYBELSUS	T2		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML	T2		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 10 Years)

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Drug Name	Brand	Generic	Additional Information
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML	T2		PA; AI (4 pens per month); QL (4 pens per 1 Month); AG (Min 18 Years)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>Liraglutide</i>)	T2	T3	PA; AI (3 pens per month); QL (3 pens per 1 Month); AG (Min 10 Years)
*Insulin-Incretin Mimetic Combinations***			
SOLIQUA	T3		PA; AI (6 pens (20ml) per month); QL (6 pens per 30 days); AG (Min 18 Years)
*Meglitinide Analogues***			
<i>nateglinide</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>repaglinide</i>		T1b	
*SglT2 Inhibitor - Dpp-4 Inhibitor - Biguanide Comb***			
TRIJARDY XR	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***			
GLYXAMBI	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***			
<i>dapagliflozin</i>		T3	AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA ORAL TABLET 10 MG	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
FARXIGA ORAL TABLET (<i>Dapagliflozin</i>) 5 MG	T2	T3	AI (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); QL (1 tablet per 1 day); AG (Min 10 Years)
JARDIANCE	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***			
SYNJARDY	T2		
SYNJARDY XR	T2		
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>Dapagliflozin-metFORMIN HCl ER</i>) 10-1000 MG, 10-500 MG	T2	T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)

Drug Name	Brand	Generic	Additional Information
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	T2		AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR (Dapagliflozin-metFORMIN HCl ER) 5-1000 MG, 5-500 MG	T2	T2	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
*Sulfonylurea-Biguanide Combinations***			
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>		T1a	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>		T1a	AI (4 tablets per day); QL (4 tablets per 1 day)
*Sulfonylureas***			
<i>glimepiride oral tablet 1 mg, 2 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>glimepiride oral tablet 4 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>glipizide er</i>		T1b	
<i>glipizide oral tablet 10 mg, 5 mg</i>		T1a	
<i>glipizide oral tablet 15 mg</i>		T3	QL (1 EA per 1 day)
<i>glipizide oral tablet 2.5 mg</i>		T3	QL (2 EA per 1 day)
<i>glyburide micronized</i>		T1b	
<i>glyburide oral tablet 1.25 mg, 2.5 mg</i>		T1b	
<i>glyburide oral tablet 5 mg</i>		T1a	
*Thiazolidinedione-Biguanide Combinations***			
<i>pioglitazone hcl-metformin hcl</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
*Thiazolidinediones***			
<i>pioglitazone hcl</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Antidiarrheal/Probiotic Agents			
*Antiperistaltic Agents***			
<i>diphenoxylate-atropine oral liquid</i>		T1b	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>		T1b	
<i>ft anti-diarrheal oral capsule</i>		T1b	
MOTOFEN	T3		
Antidotes And Specific Antagonists			
*Antidotes - Chelating Agents***			
CHEMET	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>deferasirox granules</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox oral packet</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferasirox oral tablet 180 mg</i>		SP	SP; AI (14 tablets per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail. 30 day supply max); QL (14 tablets per 1 day)
<i>deferasirox oral tablet 360 mg</i>		SP	SP; AI (10 tablets per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail. 30 day supply max); QL (10 tablets per 1 day)
<i>deferasirox oral tablet 90 mg</i>		SP	SP; AI (28 tablets per day Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail. 30 day supply max); QL (28 tablets per 1 day)
<i>deferasirox oral tablet soluble</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>deferiprone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antidotes And Specific Antagonists***			
RADIOGARDASE	T3		AI (18 tablets per day); QL (18 tablets per 1 day); AG (Min 2 Years)
*Opioid Antagonists***			
KLOXXADO	T3		AI (1 box per 30 days); QL (1 box per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>		T1b	
<i>naloxone hcl injection solution cartridge</i>		T1b	
<i>naloxone hcl injection solution prefilled syringe</i>		T1b	
<i>naloxone hcl nasal</i>		T2	AI (1 box per month); QL (1 box per 30 days)
<i>naltrexone hcl oral</i>		T1b	
REXTOVY	T2		AI (1 box per month); QL (1 box per 30 days)
VIVITROL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ZIMHI	T3		AI (1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); QL (1 ML per 1 Month); AG (Min 12 Years)
ZURNAI	T3		AI (2x 0.5 ml pens per month); QL (2 pens per 30 days); AG (Min 12 Years)
Antiemetics			
*5-Ht3 Receptor Antagonists***			
ANZEMET ORAL TABLET 50 MG	T3		
<i>granisetron hcl oral</i>		T1b	AI (1 tablet per day); QL (2 tablet per 1 day)
<i>ondansetron hcl oral solution 4 mg/5ml</i>		T1b	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
SANCUSO	T3		AI (20 patches per month); QL (20 patches per 1 Month)
*Antiemetic Combinations***			
AKYNZEO ORAL	T3		AI (1 capsule on first day of treatment); ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>doxylamine-pyridoxine</i>		T3	AI (4 tablets per day); QL (4 EA per 1 day); AG (Min 18 Years)
*Antiemetics - Anticholinergic***			
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>		T1b	
<i>scopolamine</i>		T3	AI (10 patches per month); QL (10 patches per 1 Month)
<i>trimethobenzamide hcl oral</i>		T2	
*Antiemetics - Miscellaneous***			
<i>dronabinol oral capsule</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day)
*Substance P/Neurokinin 1 (Nk1) Receptor Antagonists***			
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>		T3	
<i>aprepitant oral capsule therapy pack</i>		T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T3		AI (1 tablet per day)
VARUBI (180 MG DOSE)	T3		AI (Maximum of 4 tablets per 28 days); QL (4 tablets per 28 days)
Antifungals			
*Antifungals***			
AMBISOME (<i>Amphotericin B Liposome</i>)	MB	MB	

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Drug Name	Brand	Generic	Additional Information
<i>flucytosine oral</i>		T3	
<i>griseofulvin microsize oral</i>		T1b	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>		T1b	
<i>nystatin oral tablet</i>		T1b	
<i>terbinafine hcl oral</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Imidazoles***			
<i>ketoconazole oral</i>		T1b	
<i>miconazole</i>		T3	
*Triazoles***			
<i>fluconazole oral</i>		T1b	
<i>itraconazole oral</i>		T3	
<i>posaconazole oral tablet delayed release</i>		T3	PA
<i>voriconazole oral</i>		T1b	
Antihistamines			
*Antihistamines - Ethanolamines***			
<i>carbinoxamine maleate oral solution</i>		T3	
<i>carbinoxamine maleate oral tablet 4 mg</i>		T1b	
<i>clemastine fumarate oral tablet 2.68 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>diphenhydramine hcl +rfid</i>		T1b	
<i>diphenhydramine hcl injection</i>		T1b	
*Antihistamines - Non-Sedating***			
<i>desloratadine oral tablet</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>		T1b	
QUZYTIR	MB		
*Antihistamines - Phenothiazines***			
<i>promethazine hcl injection</i>		T3	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>		T1b	
<i>promethazine hcl oral syrup</i>		T1b	
<i>promethazine hcl oral tablet</i>		T1b	
PROMETHEGAN RECTAL SUPPOSITORY (Promethazine HCl) 12.5 MG, 25 MG	T1b	T1b	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T2		
*Antihistamines - Piperidines***			
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>		T1b	
<i>cyproheptadine hcl oral tablet</i>		T1b	
Antihyperlipidemics			
*Antihyperlipidemics - Misc.***			
<i>icosapent ethyl</i>		T3	

Drug Name	Brand	Generic	Additional Information
<i>omega-3-acid ethyl esters</i>		T1b	AI (4 capsules per day); QL (4 capsules per 1 day); AG (Min 18 Years)
VASCEPA	T3		PA
*Bile Acid Sequestrants***			
<i>cholestyramine oral</i>		T1b	
<i>colesevelam hcl oral packet</i>		T1b	AI (1 packet per day); QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>colestipol hcl oral packet</i>		T1b	
<i>colestipol hcl oral tablet</i>		T1b	
PREVALITE (Cholestyramine Light)	T1b	T1b	
*Fibric Acid Derivatives***			
<i>fenofibrate micronized oral capsule 130 mg, 200 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 43 mg</i>		T3	QL (1 EA per 1 day)
<i>fenofibrate oral capsule 134 mg, 67 mg</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 200 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 48 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>fenofibrate oral tablet 54 mg</i>		T3	QL (2 EA per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>fenofibric acid oral capsule delayed release 45 mg</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>gemfibrozil oral</i>		T1a	
TRICOR ORAL TABLET 145 MG	T3		QL (1 EA per 1 day)
TRICOR ORAL TABLET 48 MG	T3		QL (2 EA per 1 day)
*Hmg Coa Reductase Inhibitors***			
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg</i>		T1a	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>atorvastatin calcium oral tablet 80 mg</i>		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>fluvastatin sodium oral capsule 20 mg</i>		T1b	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>fluvastatin sodium oral capsule 40 mg</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>		T1a	

Drug Name	Brand	Generic	Additional Information
<i>lovastatin oral tablet 40 mg</i>		T1a	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>pitavastatin calcium</i>		T3	AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); QL (1 tablet per 1 day); AG (Min 8 Years)
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 80 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pravastatin sodium oral tablet 40 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>rosuvastatin calcium oral</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>simvastatin oral tablet 80 mg</i>		T2	AI (1 tablet per day: Covered only in patients who have been stable at this dose for at least 12 months); QL (1 tablet per 1 day)
*Intest Cholest Absorp Inhib-Hmg Coa Reductase Inhib Comb***			
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>		T1b	PA; AI (1 tablet per day: Covered only in patients who have been stable at this dose for at least 12 months); QL (1 tablet per 1 day)
*Intestinal Cholesterol Absorption Inhibitors***			
<i>ezetimibe oral</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Nicotinic Acid Derivatives***			
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)
*Pcsk9 Inhibitors***			
REPATHA	T2		PA; AI (2 syringes per month); QL (2 syringes per 1 Month); AG (Min 13 Years)
REPATHA PUSHTRONEX SYSTEM	T2		PA; AI (1 cartridge per 28 days); QL (1 cartridge per 1 Month); AG (Min 13 Years)
REPATHA SURECLICK	T2		PA; AI (2 pens per month); QL (2 pens per 1 Month); AG (Min 13 Years)
Antihypertensives			
*Ace Inhibitor & Calcium Channel Blocker Combinations***			
<i>amlodipine besy-benazepril hcl</i>		T1a	

Drug Name	Brand	Generic	Additional Information
<i>trandolapril-verapamil hcl er</i>		T3	
*Ace Inhibitors & Thiazide/Thiazide-Like***			
<i>benazepril-hydrochlorothiazide</i>		T1b	
<i>enalapril-hydrochlorothiazide</i>		T1b	
<i>fosinopril sodium-hctz</i>		T3	
<i>lisinopril-hydrochlorothiazide</i>		T1a	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>		T1b	
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>		T3	
*Ace Inhibitors***			
<i>benazepril hcl oral</i>		T1a	
<i>captopril oral</i>		T1b	
<i>enalapril maleate oral tablet 10 mg</i>		T1a	
<i>enalapril maleate oral tablet 2.5 mg, 20 mg, 5 mg</i>		T1b	
<i>fosinopril sodium oral tablet 10 mg, 40 mg</i>		T1b	
<i>fosinopril sodium oral tablet 20 mg</i>		T1a	
<i>lisinopril oral</i>		T1a	
<i>moexipril hcl</i>		T2	
<i>perindopril erbumine</i>		T2	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg</i>		T1a	
<i>quinapril hcl oral tablet 5 mg</i>		T1b	
<i>ramipril</i>		T1b	
<i>trandolapril</i>		T1b	
*Agents For Pheochromocytoma***			
<i>metirosine</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>phenoxybenzamine hcl oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Angiotensin II Receptor Antag & Ca Channel Blocker Comb***			
<i>amlodipine besylate-valsartan</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>amlodipine-olmesartan</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>telmisartan-amlodipine</i>		T1b	
*Angiotensin II Receptor Antag & Thiazide/Thiazide-Like***			
<i>candesartan cilexetil-hctz</i>		T3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>losartan potassium-hctz</i>		T1a	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 80-12.5 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg, 320-25 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Angiotensin II Receptor Antagonists***			
<i>candesartan cilexetil</i>		T3	
<i>irbesartan oral tablet 150 mg, 75 mg</i>		T1a	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>irbesartan oral tablet 300 mg</i>		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>losartan potassium oral</i>		T1a	
<i>olmesartan medoxomil oral tablet 20 mg</i>		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 40 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>telmisartan</i>		T1b	
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>		T1b	AI (1 tablet per day); QL (2 tablet per 1 day)
*Angiotensin II Receptor Ant-Ca Channel Blocker-Thiazides***			
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg</i>		T3	
<i>olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>		T2	
*Antiadrenergics - Centrally Acting***			
<i>clonidine</i>		T3	
<i>clonidine hcl oral tablet 0.1 mg</i>		T1a	
<i>clonidine hcl oral tablet 0.2 mg, 0.3 mg</i>		T1b	
<i>guanfacine hcl oral</i>		T1b	
<i>methyldopa oral</i>		T3	
*Antiadrenergics - Peripherally Acting***			
<i>doxazosin mesylate oral</i>		T1b	
<i>prazosin hcl oral</i>		T1b	
<i>terazosin hcl oral</i>		T1b	
*Beta Blocker & Diuretic Combinations***			
<i>atenolol-chlorthalidone</i>		T1b	

Last revision date:10/15/2026 To search for a drug use control + f

Drug Name	Brand	Generic	Additional Information
<i>bisoprolol-hydrochlorothiazide</i>		T1b	
<i>metoprolol-hydrochlorothiazide</i>		T1b	
*Direct Renin Inhibitors***			
<i>aliskiren fumarate</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Selective Aldosterone Receptor Antagonists (Saras)***			
<i>eplerenone</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
*Vasodilators***			
<i>hydralazine hcl oral</i>		T1b	
<i>minoxidil oral</i>		T1b	
Anti-Infective Agents - Misc.			
*Anti-Infective Agents - Misc.***			
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML	T2		AI (150ml per 10 days); QL (150 ML per 10 days)
<i>metronidazole oral tablet 250 mg, 500 mg</i>		T1b	
<i>pentamidine isethionate inhalation</i>		SP	SP
<i>tinidazole oral</i>		T1b	
XIFAXAN	T3		PA
*Anti-Infective Misc. - Combinations***			
<i>sulfamethoxazole-trimethoprim oral tablet</i>		T1a	
SULFATRIM PEDIATRIC (<i>Sulfamethoxazole-Trimethoprim</i>)	T1b	T1b	
*Antiprotozoal Agents***			
<i>atovaquone oral</i>		T2	
LAMPIT	T3		PA
<i>nitazoxanide oral</i>		T3	AI (2 tablets per day: limited to one fill per month); QL (6 tablets per 3 days)
*Carbapenem Combinations***			
VABOMERE	MB		
*Carbapenems***			
<i>ertapenem sodium</i>		MB	
*Cyclic Lipopeptides***			
CUBICIN (<i>DAPTOmycin</i>)	MB	MB	
CUBICIN RF (<i>DAPTOmycin</i>)	MB	MB	
*Glycopeptides***			
FIRVANQ (<i>Vancomycin HCl</i>)	T3	T3	AI (300ml per 10 days); QL (300 ML per 10 days)
<i>vancomycin hcl oral capsule</i>		T1b	
*Leprostatics***			
<i>dapsone oral</i>		T2	

Drug Name	Brand	Generic	Additional Information
*Lincosamides***			
<i>clindamycin hcl oral capsule 150 mg</i>		T1a	
<i>clindamycin hcl oral capsule 300 mg, 75 mg</i>		T1b	
<i>clindamycin palmitate hcl</i>		T3	
*Oxazolidinones***			
<i>linezolid oral suspension reconstituted</i>		T1b	AI (60ml per day); QL (60 ML per 1 day)
<i>linezolid oral tablet</i>		T1b	AI (2 tablets per day; maximum of 28 tablets in 30 days); QL (2 tablets per 1 day)
*Urinary Anti-Infectives***			
<i>fosfomycin tromethamine</i>		T3	
<i>methenamine hippurate</i>		T1b	
<i>nitrofurantoin macrocrystal oral</i>		T1b	
<i>nitrofurantoin monohyd macro</i>		T1b	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>		T1b	
Antimalarials			
*Antimalarial Combinations***			
<i>atovaquone-proguanil hcl</i>		T1b	
COARTEM	T3		
*Antimalarials***			
<i>chloroquine phosphate oral</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>mefloquine hcl</i>		T3	AI (15 tablets per 90 days); QL (15 tablets per 90 days)
<i>pyrimethamine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>quinine sulfate oral</i>		T1b	
Antimyasthenic/Cholinergic Agents			
*Antimyasthenic/Cholinergic Agents***			
<i>pyridostigmine bromide oral solution</i>		T3	
<i>pyridostigmine bromide oral tablet 60 mg</i>		T1b	
Antimycobacterial Agents			
*Antimycobacterial Agents***			
<i>cycloserine oral</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ethambutol hcl oral tablet 100 mg</i>		T1b	
<i>ethambutol hcl oral tablet 400 mg</i>		T2	
<i>isoniazid oral syrup</i>		T3	

Drug Name	Brand	Generic	Additional Information
<i>isoniazid oral tablet 100 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>isoniazid oral tablet 300 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pretomanid</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PRIFTIN (Rifapentine)	T2	T3	
<i>pyrazinamide oral</i>		T3	
<i>rifabutin</i>		T1b	
<i>rifampin oral</i>		T1b	
TRECATOR	T3		
Antineoplastics And Adjunctive Therapies			
*Alkylating Agents***			
MYLERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Androgen Biosynthesis Inhibitors***			
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>		T1b	PA; SP; AI (Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.)
<i>abiraterone acetate tablet 250 mg oral</i>		T1b	AI (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); QL (4 tablets per 1 day)
ABIRTEGA ORAL TABLET 250 MG	T1b		PA; AI (Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.); QL (4 tablets per 1 day)
ABIRTEGA TABLET 250 MG ORAL	T1b		AI (4 tablets per day. Only the 250mg NDCs 82249001012 and 82249001112 by Civica are covered with no PA, up to 4 tabs per day & 30 day supply @ Sort Pak, call 877-570-7787.)
YONSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antiadrenals***			
LYSODREN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiandrogens***			
<i>bicalutamide</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERLEADA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilutamide</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); M
NUBEQA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XTANDI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiestrogens***			
SOLTAMOX	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tamoxifen citrate oral</i>		\$0	
<i>toremifene citrate</i>		T1b	AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
*Antimetabolites***			
<i>capecitabine oral tablet 150 mg, 500 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy- some medications may be available at Retail, 30day supply max. Only Civica NDCs 82249020760 & 82249021012 are covered @ Sort Pak, call 877-570-7787)
<i>capecitabine tablet 150 mg oral</i>		T1b	
<i>capecitabine tablet 500 mg oral</i>		T1b	

Drug Name	Brand	Generic	Additional Information
JYLAMVO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>mercaptopurine oral suspension</i>		T1b	SP; AI (1x 100ml bottle per month); QL (1 bottle per 30 days)
<i>mercaptopurine oral tablet</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methotrexate sodium (pf) injection solution 1000 mg/40ml</i>		T1b	
<i>methotrexate sodium injection solution 50 mg/2ml</i>		T1b	
<i>methotrexate sodium oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ONUREG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TABLOID	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREXALL	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XATMEP	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Akt Inhibitors***			
TRUQAP ORAL TABLET 200 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TRUQAP ORAL TABLET THERAPY PACK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Alk Inhibitors***			
ALECENSA	T1b		PA; SP; AI (8 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (8 capsules per 1 day); AG (Min 18 Years)
ALUNBRIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LORBRENA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XALKORI ORAL CAPSULE	T1b		PA; SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 16 Years)
XALKORI ORAL CAPSULE SPRINKLE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYKADIA ORAL TABLET	T1b		PA; SP; AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
*Antineoplastic - Anti-Her2 Agents***			
HERNEXEOS	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TUKYSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Bcl-2 Inhibitors***			
BEQALZI	T1b		PA
BEQALZI STARTER PACK	T1b		PA
VENCLEXTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VENCLEXTA STARTING PACK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Bcr-Abl Kinase Inhibitors***			
BOSULIF ORAL CAPSULE 50 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>bosutinib</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAVHANZA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DANZITEN	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>		T1b	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)
ICLUSIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>imatinib mesylate oral tablet 100 mg</i>		SP	PA; SP; AI (6 tablets per day. Only Civica NDCs. 82249002090 ,82249002130 are covered with no PA Specialty Tier A @ Sort Pak. Call SortPak 877-570-7787); QL (6 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>		SP	PA; SP; AI (2 tablets per day. Only Civica NDCs. 82249002090 ,82249002130 are covered with no PA Specialty Tier A @ Sort Pak. Call SortPak 877-570-7787); QL (2 EA per 1 day)
<i>imatinib mesylate tablet 100 mg oral</i>		T1b	SP; QL (6 tablets per 1 day)
<i>imatinib mesylate tablet 400 mg oral</i>		T1b	SP; QL (2 tablets per 1 day)
<i>imkeldi</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilotinib d-tartrate</i>		T1a	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>nilotinib hcl</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
SCEMBLIX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Braf Kinase Inhibitors***			
BRAFTOVI ORAL CAPSULE 75 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL SUSPENSION RECONSTITUTED	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OJEMDA ORAL TABLET 100 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAFINLAR	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZELBORAF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Btk Inhibitors***			
BRUKINSA ORAL CAPSULE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BRUKINSA ORAL TABLET	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CALQUENCE ORAL TABLET	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL CAPSULE 140 MG	T1b		PA; SP; AI (4 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 capsules per 1 day); AG (Min 18 Years)
IMBRUVICA ORAL CAPSULE 70 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
IMBRUVICA ORAL SUSPENSION	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAYPIRCA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Egfr Inhibitors***			
<i>erlotinib hcl</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>gefitinib</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GILOTRIF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LAZCLUZE	T1a		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TAGRISO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VIZIMPRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Fgfr Kinase Inhibitors***			
BALVERSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (12 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LYTGOBI (16 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
LYTGOBI (20 MG DAILY DOSE)	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEMAZYRE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Gamma Secretase Inhibitors***			
OGSIVEO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Hedgehog Pathway Inhibitors***			
DAURISMO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERIVEDGE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ODOMZO	T1b		PA; SP; AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
*Antineoplastic - Hif-2-Alpha Inhibitors***			
WELIREG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Histone Deacetylase Inhibitors***			
ZOLINZA	T1b		PA; SP; AI (4 capsules per day); QL (4 capsule per 1 day); AG (Min 16 Years)
*Antineoplastic - Hormonal And Related Agent Combinations***			
AKEEGA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Immunomodulators***			
<i>pomalidomide</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZENBEXUS	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Kras Inhibitors***			
KRAZATI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LUMAKRAS	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Mek Inhibitors***			
COTELLIC	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GOMEKLI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KOSELUGO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKINIST	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MEKTOVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Menin Inhibitors***			
KOMZIFTI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVUFORJ ORAL TABLET 110 MG, 160 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REVUFORJ ORAL TABLET 25 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Met Inhibitors***			
TABRECTA	T1b		PA
TEPMETKO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Methyltransferase Inhibitors***			
TAZVERIK	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Mtor Kinase Inhibitors***			
<i>everolimus oral tablet soluble</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TORPENZ (Everolimus)	T1b	T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
YULITHIRA	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Multikinase Inhibitors***			
CABOMETYX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CAPRELSA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
COMETRIQ (60 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ENSACOVE	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FOTIVDA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
HYRNUO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>lapatinib ditosylate</i>		T1b	PA; SP; AI (5 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (5 tablets per 1 day)
NERLYNX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pazopanib hcl oral tablet 200 mg</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pazopanib hcl oral tablet 400 mg</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
QINLOCK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RYDAPT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sorafenib tosylate</i>		T1b	PA; SP; AI (4 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 tablets per 1 day); AG (Min 16 Years)
STIVARGA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sunitinib malate oral capsule 12.5 mg</i>		T1b	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)
<i>sunitinib malate oral capsule 25 mg</i>		T1b	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>sunitinib malate oral capsule 37.5 mg, 50 mg</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max 1 capsule per day); QL (1 capsule per 1 day)
TURALIO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VANFLYTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
XOSPATA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Pdgfr-Alpha Inhibitors***			
AYVAKIT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Protease Activators***			
MODEYSO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Proteasome Inhibitors***			
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG	T1b		PA
NINLARO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Ras Gtpase Inhibitors***			
RASONQUE	T1b		PA; QL (2 tablets per 1 day)
*Antineoplastic - Ret Inhibitors***			
GAVRETO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RETEVMO ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Antineoplastic - Tropomyosin Receptor Kinase Inhibitors***			
AUGTYRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
IBTROZI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ROZLYTREK	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VITRAKVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Tyrosine Kinase Inhibitors***			
JIDEYTRO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic - Xpo1 Inhibitors***			
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T1b		PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG, 40 MG	T1b		PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T1b		PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T1b		PA
XPOVIO (60 MG TWICE WEEKLY)	T1b		PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG, 80 MG	T1b		PA
XPOVIO (80 MG TWICE WEEKLY)	T1b		PA
*Antineoplastic Combinations***			
AVMAPKI FAKZYNJA CO-PACK	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DARZALEX FASPRO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INQOVI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
LONSURF	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
*Antineoplastics Misc.***			
ACTIMMUNE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BESREMI PEN	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>hydroxyurea oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
MATULANE	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Aromatase Inhibitors***			
<i>anastrozole oral</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day)
ARIMIDEX	T1b		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
AROMASIN	T1b		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 tablet per 1 day)
<i>exemestane</i>		\$0	AI (30 day supply max 1 tablet per day); F; QL (1 tablet per 1 day)
FEMARA	T1b		AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); F; QL (1 tablet per 1 day)
<i>letrozole oral</i>		\$0	AI (1 tablet per day); F; QL (1 tablet per 1 day)

Drug Name	Brand	Generic	Additional Information
*Cyclin-Dependent Kinases (Cdk) Inhibitors***			
IBRANCE	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (200 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (400 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
KISQALI (600 MG DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VERZENIO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Estrogen Receptor Antagonist***			
CLIGAVYX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fulvestrant intramuscular solution prefilled syringe</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
INLURIYO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Estrogens-Antineoplastic***			
EMCYT	T1b		AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Folic Acid Antagonists Rescue Agents***			
LEDERLE LEUCOVORIN (<i>Leucovorin Calcium</i>)	T1b	T1b	
<i>leucovorin calcium oral tablet 10 mg, 15 mg</i>		T3	
<i>leucovorin calcium oral tablet 25 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Glucocorticoid Receptor (Gr) Antagonists***			
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Gonadotropin Releasing Hormone (Gnrh) Antagonists***			
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ORGOVYX	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Imidazotetrazines***			
<i>temozolomide capsule 100 mg oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 140 mg oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 180 mg oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 20 mg oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 250 mg oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide capsule 5 mg oral</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Isocitrate Dehydrogenase 1 & 2 (Idh1 & Idh2) Inhibitors***			
VORANIGO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Isocitrate Dehydrogenase-1 (Idh1) Inhibitors***			
REZLIDHIA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TIBSOVO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Isocitrate Dehydrogenase-2 (Idh2) Inhibitors***			
IDHIFA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Janus Associated Kinase (Jak) Inhibitors***			
INREBIC	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAKAFI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
JAKAFI XR	T1b		PA; SP
OJJAARA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VONJO	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Lhrh Analogs***			
CAMCEVI	T1b		SP; AI (one injection per 180 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 inj per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T1b		SP; AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
ELIGARD SUBCUTANEOUS KIT 30 MG	T1b		SP; AI (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 120 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 45 MG	T1b		SP; AI (1 injection per 180 days (FDA approved only for Prostate Cancer); 6 copays apply Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 injection per 180 days); AG (Min 18 Years)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T1b		SP; AI (1 injection per month (FDA approved only for Prostat Cancer) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
<i>leuprolide acetate injection</i>		T1b	SP; AI (1 injection per month. FDA approved only for Prostate Cancer. Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	SP		PA; SP; AI (1 injection per month (FDA approved only for Endometriosis and Fibroids) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); F; QL (1 inj per 30 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T1b		SP; AI (1 injection per month (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); M; QL (1 inj per 30 days); AG (Min 18 Years)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	SP		PA; SP; AI (1 injection per 90 days (FDA approved only for endometriosis and Fribroids) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); F; QL (1 inj per 90 days)

Drug Name	Brand	Generic	Additional Information
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T1b		SP; AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 90 days); AG (Min 18 Years)
LUPRON DEPOT (4-MONTH)	T1b		SP; AI (1 injection per 120 days (FDA approved only for Prostate Cancer); x4 copay applies Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 120 days); AG (Min 18 Years)
LUPRON DEPOT (6-MONTH)	T1b		SP; AI (1 injection per 180 days (FDA approved only for Prostate Cancer); 6 copays apply Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 inj per 180 days); AG (Min 18 Years)
LUTRATE DEPOT (<i>Leuprolide Acetate (3 Month)</i>)	T1b	T1b	AI (1 injection per 90 days (FDA approved only for Prostate Cancer) Optum Specialty Pharmacy is preferred Pharmacy - some medications may be available at Retail); M; QL (1 injection per 90 days); AG (Min 18 Years)
TRELSTAR MIXJECT	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZOLADEX	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); AG (Min 18 Years)
*Mitotic Inhibitors***			
<i>etoposide oral</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrogen Mustards And Related Analogues***			
<i>cyclophosphamide oral capsule</i>		T1b	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>cyclophosphamide oral tablet</i>		T1b	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
LEUKERAN	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Nitrosoureas***			
<i>Iomustine</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ornithine Decarboxylase (Odc) Inhibitors***			
IWILFIN	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Phosphatidylinositol 3-Kinase (Pi3k) Inhibitors***			
COPIKTRA	T1b		PA; SP
ITOVEBI	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (200 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (250 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PIQRAY (300 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZYDELIG	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Poly (Adp-Ribose) Polymerase (Parp) Inhibitors***			
LYNPARZA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RUBRACA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TALZENNA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
ZEJULA ORAL TABLET	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Progestins-Antineoplastic***			
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>megestrol acetate oral tablet</i>		T1b	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Retinoids***			
<i>tretinoin oral</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Selective Estrogen Receptor Degraders***			
ETCAMAH	T1b		PA
ORSERDU	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VEPPANU	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Selective Retinoid X Receptor Agonists***			
<i>bexarotene oral</i>		T1b	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Topoisomerase I Inhibitors***			
HYCAMTIN ORAL	T1b		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urinary Tract Protective Agents***			
<i>mesna oral</i>		SP	SP
MESNEX ORAL	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Vascular Endothelial Growth Factor (Vegf) Inhibitors***			
FRUZAQLA	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
INLYTA	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (10 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (12 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (14 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (18 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (20 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (24 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (4 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
LENVIMA (8 MG DAILY DOSE)	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Antiparkinson And Related Therapy Agents			
*Antiparkinson Anticholinergics***			
<i>benztropine mesylate oral</i>		T1b	
<i>trihexyphenidyl hcl oral tablet</i>		T1b	
*Antiparkinson Dopaminergics***			
<i>amantadine hcl oral capsule</i>		T1b	
<i>amantadine hcl oral solution 50 mg/5ml</i>		T1b	
<i>bromocriptine mesylate oral</i>		T1b	
*Antiparkinson Monoamine Oxidase Inhibitors***			
<i>rasagiline mesylate oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>selegiline hcl oral</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Central/Peripheral Comt Inhibitors***			
<i>tolcapone</i>		T1b	PA
*Decarboxylase Inhibitors***			
<i>carbidopa oral</i>		T1b	
*Levodopa Combinations***			
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>		T1b	
<i>carbidopa-levodopa oral tablet</i>		T1b	
<i>carbidopa-levodopa oral tablet dispersible</i>		T2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>		T3	AI (8 tablets per day); QL (8 tablets per 1 day)
*Nonergoline Dopamine Receptor Agonists***			
<i>apomorphine hcl subcutaneous</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NEUPRO	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>pramipexole dihydrochloride</i>		T1b	
<i>ropinirole hcl</i>		T1b	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg</i>		T3	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg</i>		T3	AI (8 tablets per day); QL (8 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 4 mg</i>		T3	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 16 Years)
<i>ropinirole hcl er oral tablet extended release 24 hour 8 mg</i>		T3	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 16 Years)
*Peripheral Comt Inhibitors***			
<i>entacapone</i>		T1b	
Antipsychotics/Antimanic Agents			
*Antimanic Agents***			
<i>lithium</i>		T1b	AG (Min 7 Years)
<i>lithium carbonate er</i>		T1b	
<i>lithium carbonate oral capsule</i>		T1a	
<i>lithium carbonate oral tablet</i>		T1b	
*Antipsychotics - Misc.***			
CAPLYTA	T3		AI (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 capsule per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG	T3		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG	T3		AI (8 tablets per day); QL (8 tablets per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG	T3		AI (5 tablets per day); QL (5 tablets per 1 day)
<i>lurasidone hcl oral tablet 120 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 10 Years)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
VRAYLAR ORAL CAPSULE	T3		AI (1 capsule per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 capsule per 1 day); AG (Min 10 Years)
<i>ziprasidone hcl</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>ziprasidone mesylate</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Benzisoxazoles***			
FANAPT	T3		AI (2 tablets per day); QL (2 tablets per 1 day)
FANAPT TITRATION PACK	T3		AI (1 pack per 180 days); QL (1 pack per 180 days)
FANAPT TITRATION PACK A	T3		AI (1 pack per 180 days); QL (1 pack per 180 days)
FANAPT TITRATION PACK B ORAL TABLET	T3		AI (12 tablets per 180 days); QL (12 tablets per 180 days)
FANAPT TITRATION PACK C ORAL TABLET	T3		AI (8 tablets per 180 days); QL (8 tablets per 180 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 6 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
<i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
PERSERIS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone microspheres er</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>risperidone oral solution 1 mg/ml</i>		T1b	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg</i>		T1a	
<i>risperidone oral tablet 2 mg, 3 mg, 4 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>risperidone oral tablet dispersible 1 mg</i>		T1b	
*Butyrophenones***			
<i>haloperidol lactate oral concentrate 2 mg/ml</i>		T1b	
<i>haloperidol oral</i>		T1b	
*Dibenzodiazepines***			
<i>clozapine oral tablet 100 mg, 25 mg</i>		T1b	AI (9 tablets per day); QL (9 tablets per 1 day)
<i>clozapine oral tablet 200 mg</i>		T1b	AI (4 ablets per day); QL (4 tablets per 1 day)
<i>clozapine oral tablet 50 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
*Dibenzo-Oxepino Pyrroles***			
<i>asenapine maleate</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
*Dibenzothiazepines***			
<i>quetiapine fumarate er</i>		T3	AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 100 mg</i>		T1a	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 200 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>		T1a	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 10 Years)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 10 Years)
*Dibenzoxazepines***			
<i>loxapine succinate oral</i>		T1b	
*Phenothiazines***			
<i>chlorpromazine hcl injection</i>		T3	PA
<i>chlorpromazine hcl oral tablet</i>		T1b	
<i>fluphenazine decanoate injection</i>		T3	PA
<i>fluphenazine hcl injection</i>		T3	PA
<i>fluphenazine hcl oral concentrate</i>		T3	
<i>fluphenazine hcl oral elixir</i>		T3	
<i>fluphenazine hcl oral tablet</i>		T1b	
<i>perphenazine oral</i>		T1b	
<i>prochlorperazine</i>		T2	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>		T3	PA
<i>prochlorperazine maleate oral</i>		T2	
<i>thioridazine hcl oral</i>		T1b	
<i>trifluoperazine hcl oral</i>		T1b	
*Quinolinone Derivatives***			
<i>aripiprazole oral solution</i>		T1b	AI (25 tablets per day); QL (25 ML per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>aripiprazole oral tablet 10 mg, 2 mg, 5 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>aripiprazole oral tablet 15 mg, 20 mg, 30 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
REXULTI ORAL TABLET 0.25 MG	T3		AI (2 tablets per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (2 tablets per 1 day); AG (Min 18 Years)
REXULTI ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	T3		AI (1 tablet per day); ST (Step Therapy required: 1 of the following in the last 12 months - aripiprazole, lurasidone, quetiapine, risperidone, asenapine maleate, or ziprasidone); QL (1 tablet per 1 day); AG (Min 18 Years)
*Thienbenzodiazepines***			
<i>olanzapine intramuscular</i>		SP	PA; SP; AI (Limited distribution may apply; 30 day supply max)
<i>olanzapine oral tablet</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>olanzapine oral tablet dispersible 15 mg, 20 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
*Thioxanthenes***			
<i>thiothixene oral</i>		T3	
Antivirals			
*Antiretroviral Combinations***			
<i>abacavir sulfate-lamivudine</i>		T1b	
CIMDUO	T2		AI (1 tablet per day); QL (1 tablet per 1 day)
DELSTRIGO	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
DESCOVY	\$0		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofo df</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>efavirenz-lamivudine-tenofovir</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>emtricitab-rilpivir-tenofov df</i>		T2	
EVOTAZ	T3		
JULUCA	T3		PA

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Drug Name	Brand	Generic	Additional Information
<i>lamivudine-zidovudine</i>		T1b	
<i>lopinavir-ritonavir oral tablet</i>		T2	
PREZCOBIX	T3		
TRIUMEQ	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>trumeq pd</i>		T3	AI (6 tablets per day); QL (6 tablets per 1 day); AG (Max 10 Years)
*Antiretrovirals - Ccr5 Antagonists (Entry Inhibitor)***			
<i>maraviroc</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
SELZENTRY ORAL SOLUTION	T2		
*Antiretrovirals - Fusion Inhibitors***			
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antiretrovirals - Gp120-Directed Attachment Inhibitor***			
RUKOBIA	T3		PA
*Antiretrovirals - Integrase Inhibitors***			
ISENTRESS	T2		
ISENTRESS HD	T2		
TIVICAY ORAL TABLET 50 MG	T2		
TIVICAY PD	T2		
*Antiretrovirals - Protease Inhibitors***			
APTIVUS ORAL CAPSULE	T3		
<i>atazanavir sulfate oral capsule 150 mg, 200 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>atazanavir sulfate oral capsule 300 mg</i>		T2	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>darunavir</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>fosamprenavir calcium</i>		T2	
NORVIR ORAL PACKET	T2		
PREZISTA ORAL SUSPENSION	T2		
PREZISTA ORAL TABLET 150 MG, 75 MG	T2		
REYATAZ ORAL PACKET	T2		
<i>ritonavir</i>		T2	
VIRACEPT ORAL TABLET	T2		
*Antiretrovirals - Rti-Non-Nucleoside Analogues***			
EDURANT PED	T2		AI (6 tablets per day); QL (6 EA per 1 day)
<i>efavirenz oral tablet</i>		T1b	AI (2 tablets per day); QL (2 tablets per 2 days)

Drug Name	Brand	Generic	Additional Information
<i>etravirine</i>		T3	
INTELENCE ORAL TABLET 25 MG	T3		
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>		T1b	
<i>nevirapine oral suspension</i>		T2	
<i>nevirapine oral tablet</i>		T1b	
PIFELTRO	T3		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 12 Years)
<i>rilpivirine hcl</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
*Antiretrovirals - Rti-Nucleoside Analogues-Purines***			
<i>abacavir sulfate oral solution</i>		T2	
<i>abacavir sulfate oral tablet</i>		T1b	
*Antiretrovirals - Rti-Nucleoside Analogues-Pyrimidines***			
<i>emtricitabine</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION	T2		AI (24ml per day); QL (24 ML per 1 day)
<i>lamivudine oral solution 10 mg/ml</i>		T1b	
<i>lamivudine oral tablet 150 mg, 300 mg</i>		T1b	
*Antiretrovirals - Rti-Nucleoside Analogues-Thymidines***			
<i>zidovudine oral capsule</i>		T1b	
<i>zidovudine oral syrup</i>		T1b	
<i>zidovudine oral tablet</i>		T2	
*Antiretrovirals - Rti-Nucleotide Analogues***			
<i>tenofovir disoproxil fumarate</i>		T2	
*Antiretrovirals Adjuvants***			
TYBOST	T3		
*Antiviral Combinations***			
PAXLOVID (150/100)	T3		AI (4 tablets per day); QL (4 tablets per 1 day)
PAXLOVID (300/100 & 150/100)	T3		AI (3 tablets per day); QL (3 tablets per 1 day)
PAXLOVID (300/100)	T3		AI (6 tablets per day); QL (6 tablets per 1 day)
*Cmv Agents***			
<i>valganciclovir hcl oral solution reconstituted</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>valganciclovir hcl oral tablet</i>		SP	SP; AI (4 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (4 tablets per 1 day)
*Hepatitis B Agents***			
<i>adefovir dipivoxil</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
BARACLUDE ORAL SOLUTION	SP		SP; AI (20ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (20 ML per 1 day); AG (Min 16 Years)
<i>entecavir</i>		SP	SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 16 Years)
<i>lamivudine oral tablet 100 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hepatitis C Agent - Combinations***			
<i>ledipasvir-sofosbuvir</i>		T1b	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day)
<i>sofosbuvir-velpatasvir</i>		SP	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 18 Years)
*Hepatitis C Agents***			
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ribavirin oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
<i>ribavirin oral tablet 200 mg</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Herpes Agents - Purine Analogues***			
<i>acyclovir oral capsule</i>		T1b	
<i>acyclovir oral suspension 200 mg/5ml</i>		T1b	
<i>acyclovir oral tablet</i>		T1b	
<i>valacyclovir hcl oral</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
*Herpes Agents - Thymidine Analogues***			
<i>famciclovir oral</i>		T1b	
*Influenza Agents***			
<i>rimantadine hcl</i>		T3	
*Misc. Antivirals***			
LAGEVRIO	T2		PA; AI (Paxlovid is the preferred product (does not require PA))
*Neuraminidase Inhibitors***			
<i>oseltamivir phosphate oral capsule</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>oseltamivir phosphate oral suspension reconstituted</i>		T1b	AI (120ml for 5 days (2x60ml)); QL (24 ML per 5 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3		AI (1 inhaler per month); QL (1 inhaler per 30 days)
Beta Blockers			
*Alpha-Beta Blockers***			
<i>carvedilol</i>		T1b	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>		T1b	
<i>labetalol hcl oral tablet 400 mg</i>		T3	
*Beta Blockers Cardio-Selective***			
<i>acebutolol hcl oral</i>		T1b	
<i>atenolol oral tablet 100 mg</i>		T1b	
<i>atenolol oral tablet 25 mg, 50 mg</i>		T1a	
<i>betaxolol hcl oral tablet 10 mg</i>		T1b	AI (45 tablets per month); QL (1.5 tablets per 1 day)
<i>betaxolol hcl oral tablet 20 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>		T1b	
<i>bisoprolol fumarate oral tablet 2.5 mg</i>		T3	
<i>metoprolol succinate er</i>		T1b	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>		T1a	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>		T3	
<i>nebivolol hcl</i>		T2	
*Beta Blockers Non-Selective***			
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>pindolol</i>		T1b	
<i>propranolol hcl er</i>		T1b	
<i>propranolol hcl oral solution</i>		T2	
<i>propranolol hcl oral tablet 10 mg</i>		T1a	
<i>propranolol hcl oral tablet 20 mg, 40 mg, 60 mg, 80 mg</i>		T1b	
<i>sotalol hcl (af)</i>		T1b	
<i>sotalol hcl oral</i>		T1b	
<i>timolol maleate oral</i>		T2	
Calcium Channel Blockers			
*Calcium Channel Blockers***			
AFEDITAB CR (<i>NIFEdipine ER</i>)	T1b	T1b	
<i>amlodipine besylate oral</i>		T1a	
CARTIA XT (<i>dilTIAZem HCl ER Coated Beads</i>)	T1b	T1b	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>		T1b	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>		T1b	
<i>diltiazem hcl oral</i>		T1a	
<i>dilt-xr</i>		T1b	
<i>felodipine er</i>		T2	
<i>isradipine</i>		T1b	
<i>levamlodipine maleate</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>nicardipine hcl oral</i>		T1b	
<i>nifedipine er osmotic release</i>		T1b	
<i>nifedipine oral</i>		T1b	
<i>nimodipine oral capsule</i>		T1b	AI (12 capsules per day); QL (12 capsules per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg</i>		T3	QL (1 tablet per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 40 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
TAZTIA XT (<i>Diltiazem HCl ER Beads</i>)	T1b	T1b	
TIADYLT ER (<i>dilTIAZem HCl ER Beads</i>)	T1b	T1b	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 360 mg</i>		T3	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 200 mg, 240 mg</i>		T1b	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>		T1b	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>		T1a	
<i>verapamil hcl oral tablet 40 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
Cardiotonics			
*Cardiac Glycosides***			
DIGITEK (<i>Digoxin</i>)	T1b	T1b	
DIGOX (<i>Digoxin</i>)	T1b	T1b	
<i>digoxin oral solution</i>		T1b	
<i>digoxin oral tablet 62.5 mcg</i>		T3	
Cardiovascular Agents - Misc.			
*Neprilysin Inhib (Arni)-Angiotensin II Recept Antag Comb***			
ENTRESTO ORAL CAPSULE SPRINKLE	T3		AI (3 capsules per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol.); QL (3 capsules per 1 day); AG (Max 6 Years)
<i>sacubitril-valsartan</i>		T3	AI (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol); QL (2 tablets per 1 day)
*Prostaglandin Vasodilators***			
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>Epoprostenol Sodium</i>) 1.5 MG	MB	MB	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X48MCG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
VELETRI (<i>Epoprostenol Sodium</i>)	MB	MB	
*Pulmonary Hypertension - Endothelin Receptor Antagonists***			
<i>ambrisentan</i>		SP	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>bosentan oral tablet</i>		SP	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***			
ALYQ (<i>Tadalafil (PAH)</i>)	SP	SP	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day); AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>sildenafil citrate oral suspension reconstituted</i>		SP	SP; AI (6ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); QL (6 ML per 1 day); AG (Min 18 Years)
<i>sildenafil citrate oral tablet 20 mg</i>		SP	SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day); AG (Min 18 Years)
*Pulmonary Hypertension - Prostacyclin Receptor Agonist***			
UPTRAVI INTRAVENOUS	MB		
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***			
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Sinus Node Inhibitors**			
CORLANOR ORAL SOLUTION	T3		AI (15ml per day); QL (15 ML per 1 day); AG (Min 10 Years)
<i>ivabradine hcl</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
*Vasoactive Soluble Guanylate Cyclase Stimulator (Sgc)***			
VERQUVO	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
Cephalosporins			
*Cephalosporins - 1St Generation***			
<i>cefadroxil oral capsule</i>		T1b	
<i>cefadroxil oral suspension reconstituted</i>		T1b	
<i>cefadroxil oral tablet</i>		T3	
<i>cephalexin oral capsule 250 mg, 500 mg</i>		T1a	
<i>cephalexin oral suspension reconstituted</i>		T1b	
*Cephalosporins - 2Nd Generation***			
<i>cefactor er</i>		T3	
<i>cefactor oral capsule 250 mg</i>		T2	AI (3 capsules per day, 1 fill per month); QL (3 capsules per 10 days)
<i>cefactor oral capsule 500 mg</i>		T2	AI (3 caspsules per day, one fill per month); QL (3 caspsules per 10 days)
<i>cefactor oral suspension reconstituted</i>		T3	
<i>cefprozil</i>		T3	

Drug Name	Brand	Generic	Additional Information
<i>cefuroxime axetil oral tablet</i>		T1b	
*Cephalosporins - 3Rd Generation***			
<i>cefdinir oral capsule</i>		T1b	
<i>cefdinir oral suspension reconstituted</i>		T3	
<i>cefixime oral suspension reconstituted</i>		T1b	
<i>cefpodoxime proxetil oral suspension reconstituted</i>		T1b	
<i>cefpodoxime proxetil oral tablet</i>		T3	
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML	T3		
SUPRAX ORAL TABLET CHEWABLE	T3		
Chemicals			
*Bulk Chemicals - Be's***			
<i>belladonna</i>		T3	
*Bulk Chemicals - En***			
<i>enalapril maleate</i>		T3	
*Bulk Chemicals - Va's***			
<i>vancomycin hcl</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Contraceptives			
*Biphasic Contraceptives - Oral***			
AZURETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KARIVA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LO LOESTRIN FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIMTREA	\$0		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
SIMLIYA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>viorele</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VOLNEA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Combination Contraceptives - Oral***			
AFIRMELLE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ALTAVERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
APRI (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUBRA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
AUBRA EQ (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA 24 FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AUROVELA FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AVIANE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
AYUNA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BALZIVA (<i>Briellyn</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BLISOVI 24 FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BLISOVI FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
BLISOVI FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHARLOTTE 24 FE	T3		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHATEAL (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CHATEAL EQ (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CRYSELLE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CRYSELLE-28	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CYRED (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CYRED EQ (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DASETTA 1/35 (28) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DELYLA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg</i>		T3	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ELINEST	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
EMOQUETTE (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
ENSKYCE ORAL TABLET (<i>Desogestrel-Ethinyl Estradiol</i>) 0.15-30 MG-MCG	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ESTARYLLA (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FALMINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEIRZA 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEIRZA 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FEMYNOR (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
FINZALA	T3		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
GALBRIELA (<i>Norethin-Eth Estradiol-Fe</i>)	T3	T3	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY 24 FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HAILEY FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ISIBLOOM (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JASMIEL (<i>Drospirenone-Ethinyl Estradiol</i>)	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JULEBER (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JUNEL FE 24	\$0		AI (28 tablets per month); F; QL (28 tablets per 30 days)
KAITLIB FE (<i>Norethin-Eth Estradiol-Fe</i>)	T3	T3	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KALLIGA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KELNOR 1/35 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
KELNOR 1/50 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
KURVELO (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN 24 FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LARISSIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LAYOLIS FE	T3		AI (28 tablets per month); F; QL (28 tablets per 1 day)
LESSINA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LEVORA 0.15/30 (28) (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN 1.5/30 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN 1/20 (21) (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOESTRIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LORYNA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LOW-OGESTREL	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LO-ZUMANDIMINE (<i>Drospirenone-Ethinyl Estradiol</i>)	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUIZZA 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUIZZA 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LUTERA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>marlissa</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 1.5/30 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 1/20 (<i>Norethindrone Acet-Ethinyl Est</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN 24 FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
MICROGESTIN FE 1.5/30 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MICROGESTIN FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MILI (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
MONO-LINYAH (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NECON 0.5/35 (28)	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NECON 1/35 (28) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NIKKI (<i>Drospirenone-Ethinyl Estradiol</i>)	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>norethin ace-eth estrad-fe oral tablet chewable</i>		T3	AI (28 tablets per month); F; QL (28 tablets per 1 day)
NORTREL 0.5/35 (28)	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 1/35 (21) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 1/35 (28) (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYLIA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYMYO (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
OCELLA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ORSYTHIA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PHILITH (<i>Brielllyn</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIRMELLA 1/35 (<i>Alyacen 1/35</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PORTIA-28 (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
RECLIPSEN (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SOLIA (<i>Desogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SPRINTEC 28 (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SRONYX (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SYEDA (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TARINA 24 FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
TARINA FE 1/20 (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TARINA FE 1/20 EQ (<i>Norethin Ace-Eth Estrad-FE</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TURQOZ	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TYBLUME ORAL TABLET CHEWABLE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VALTYA 1/35 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VALTYA 1/50 (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VESTURA (<i>Drospirenone-Ethinyl Estradiol</i>)	T1b	T1b	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VIENVA (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VYFEMLA (<i>Briellyn</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VYLIBRA (<i>Norgestimate-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
WERA	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
WYMZYA FE (<i>Norethin-Eth Estradiol-Fe</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
XELRIA FE	\$0		AI (28 tablets per month); F; QL (28 TABLETS per 28 days)
ZOVIA 1/35 (28) (<i>Ethinodiol Diac-Eth Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ZUMANDIMINE (<i>Drospirenone-Ethinyl Estradiol</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Combination Contraceptives - Transdermal***			
XULANE (<i>Norelgestromin-Eth Estradiol</i>)	\$0	\$0	AI (3 patches per month); F; QL (3 patches per 30 days)
ZAFEMY (<i>Norelgestromin-Eth Estradiol</i>)	\$0	\$0	AI (3 patches per month); F; QL (3 patches per 30 days)
*Combination Contraceptives - Vaginal***			
ELURYNG (<i>Etonogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
ENILLORING (<i>Etonogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
HALOETTE (<i>Etonogestrel-Ethinyl Estradiol</i>)	\$0	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
NUVARING (<i>Etonogestrel-Ethinyl Estradiol</i>)	T3	\$0	AI (1 vaginal ring per month); F; QL (1 vaginal ring per 30 days)
*Continuous Contraceptives - Oral***			
AMETHYST (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
DOLISHALE (<i>Levonorgestrel-Ethinyl Estrad</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Emergency Contraceptives***			
AFTERA (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
AFTERPILL (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
CURAE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
ECONTRA EZ	\$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
ECONTRA ONE-STEP	\$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
ELLA	T3		AI (3 tablets per month); F; QL (3 tablets per 30 days)
MY CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
MY WAY (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
NEW DAY	\$0		AI (3 tablets per day); F; QL (3 tablets per 30 days)
OPCICON ONE-STEP (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
OPTION 2 (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
PLAN B ONE-STEP (<i>Levonorgestrel</i>)	T3	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
REACT (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
SHEWISE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
TAKE ACTION (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
YOUR CHOICE (<i>Levonorgestrel</i>)	\$0	\$0	AI (3 tablets per month); F; QL (3 tablets per 30 days)
*Extended-Cycle Contraceptives - Oral***			
AMETHIA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
ASHLYNA (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
CAMRESE	\$0		AI (91 tabs per 91 days); F; QL (91 tablets per 91 days)
CAMRESE LO (<i>Levonorgest-Eth Estrad 91-Day</i>)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
DAYSEE	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
FAYOSIM	T1b		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)

Drug Name	Brand	Generic	Additional Information
ICLEVIA	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
INTROVALE (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
JAIMIESS	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
JOLESSA (Levonorgest-Eth Estrad 91-Day)	\$0	\$0	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
levonorgest-eth est & eth est		T1b	AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
LOJAIMIESS	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
RIVELSA	T1b		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
ROSYRAH	T1b		AI (91 tablets per 91 days); F; QL (91 tablets per 91 days)
SETLAKIN	\$0		AI (28 tablets per month); F; QL (28 tablets per 90 Months)
SIMPESSE	\$0		AI (91 tablets per 91 days); F; QL (91 tablets per 90 days)
*Four Phase Contraceptives - Oral***			
NATAZIA	T3		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
*Progestin Contraceptives - Injectable***			
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	T3		AI (1 injection per 90 days); F; QL (1 inj per 90 days)
medroxyprogesterone acetate intramuscular		\$0	AI (1 injection per 90 days); F; QL (1 inj per 90 days)
*Progestin Contraceptives - Oral***			
CAMILA (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DEBLITANE (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
EMZAHH (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ERRIN (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
HEATHER (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
INCASSIA (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
JENCYCLA (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LYLEQ (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LYZA (Norethindrone)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

Drug Name	Brand	Generic	Additional Information
MELEYA (<i>Norethindrone</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORA-BE (<i>Norethindrone</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORLYDA (<i>Norethindrone</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORLYROC (<i>Norethindrone</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ORQUIDEA (<i>Norethindrone</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SHAROBEL (<i>Norethindrone</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
SLYND	T3		AI (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone); F; QL (28 tablets per 1 Month)
*Triphasic Contraceptives - Oral***			
ARANELLE	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
CAZANT	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
DASETTA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
ENPRESSE-28 (<i>Levonorg-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LEENA	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
LEVONEST (<i>Levonorg-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>		\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NORTREL 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
NYLIA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
PIRMELLA 7/7/7 (<i>Alyacen 7/7/7</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TILIA FE	\$0		AI (28 tablets per month); F; QL (28 tablets per 30 days)
TRI FEMYNOR (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LEGEST FE (<i>Norethindron-Ethinyl Estrad-Fe</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LINYAH (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-ESTARYLLA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)

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Drug Name	Brand	Generic	Additional Information
TRI-LO-MARZIA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-MILI (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-LO-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-MILI (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRINESSA (28) (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-NYMYO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-SPRINTEC (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRIVORA (28) (<i>Levonorg-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-VYLIBRA (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
TRI-VYLIBRA LO (<i>Norgestim-Eth Estrad Triphasic</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
VELIVET	\$0		AI (28 tablets per month); F; QL (28 tablets per 1 Month)
XARAH FE (<i>Norethindron-Ethinyl Estrad-Fe</i>)	\$0	\$0	AI (28 tablets per month); F; QL (28 tablets per 1 Month)
Corticosteroids			
*Glucocorticosteroids***			
<i>budesonide oral</i>		T1b	AI (3 capsules per day); QL (3 capsules per 1 day)
DEXAMETHASONE INTENSOL	T1b		
<i>dexamethasone oral elixir</i>		T1b	
<i>dexamethasone oral solution</i>		T1b	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 4 mg, 6 mg</i>		T1b	
<i>dexamethasone oral tablet 2 mg</i>		T3	
<i>hydrocortisone oral</i>		T1b	
<i>hydrocortisone sod suc (pf)</i>		T3	
MEDROL ORAL TABLET 2 MG	T3		
<i>methylprednisolone oral tablet</i>		T1b	
<i>prednisolone oral syrup 15 mg/5ml</i>		T2	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>		T3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml</i>		T1b	
<i>prednisolone sodium phosphate oral tablet dispersible</i>		T2	
PREDNISONE INTENSOL	T2		
<i>prednisone oral solution</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>prednisone oral tablet</i>		T1b	
<i>prednisone oral tablet therapy pack</i>		T1b	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	T3		
*Mineralocorticoids***			
<i>fludrocortisone acetate oral</i>		T1b	
Cough/Cold/Allergy			
*Antitussive - Nonnarcotic***			
<i>benzonatate oral capsule 100 mg, 200 mg</i>		T1b	
*Antitussive - Opioid***			
<i>hydrocodone bit-homatrop mbr oral solution</i>		T1b	AI (15ml per day); QL (150 ML per 10 days)
<i>hydrocodone bit-homatrop mbr oral tablet</i>		T1b	AI (9 tablets per day; MED dosing limit applies: first two fills are limited to a 7 day supply with a max of 2 fills within a 54 day period.); QL (9 tablets per 1 day)
<i>hydromet oral solution</i>		T1b	AI (150ml per 10 days, 1 fill per month.); QL (150 ML per 10 days)
*Antitussive-Expectorant***			
<i>g tussin ac</i>		T2	AI (240ml per 10 days); QL (240 ML per 10 days)
<i>guaiaitussin ac</i>		T2	AI (240ml per 10 days); QL (240 ML per 10 days)
<i>guaifenesin ac</i>		T2	AI (24ml per day); QL (240 ML per 10 days)
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>		T2	AI (24ml per day); QL (240 ML per 10 days)
<i>virtussin a/c</i>		T2	AI (240ml per 10 days); QL (240 ML per 10 days)
*Decongestant & Antihistamine***			
<i>promethazine vc</i>		T1b	AI (30ml per day); QL (30 ML per 1 day)
<i>promethazine-phenylephrine</i>		T1b	AI (30ml per day); QL (30 ML per 1 day)
*Expectorants***			
<i>guaifenesin oral tablet 200 mg</i>		T1b	
*Misc. Respiratory Inhalants***			
HYPERSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 7 %	T1b	T1b	
NEBUSAL INHALATION NEBULIZATION SOLUTION (Sodium Chloride) 3 %	T1b	T1b	
PULMOSAL (Sodium Chloride)	T1b	T1b	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Mucolytics***			
<i>acetylcysteine inhalation solution 10 %</i>		T1b	
<i>acetylcysteine inhalation solution 20 %</i>		T2	
*Non-Narc Antitussive-Antihistamine***			
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>		T1b	
*Non-Narc Antitussive-Decongestant-Antihistamine***			
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>		T1b	
*Opioid Antitussive-Antihistamine***			
<i>hydrocod poli-chlorphe poli er</i>		T3	AI (Limited to 1 fill per month 120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
<i>hydrocod polst-cpm polst er oral suspension extended release</i>		T3	AI (120ml per 7 days); QL (120 ML per 7 days); AG (Min 18 Years)
<i>promethazine-codeine oral syrup</i>		T1b	AI (150ml per 10 days. 1 fill per month.); QL (150 ML per 10 days)
*Opioid Antitussive-Decongestant-Antihistamine***			
<i>promethazine vcl/codeine</i>		T1b	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
<i>promethazine-phenyleph-codeine</i>		T1b	AI (150ml per 10 days. 1 fill per month); QL (150 ML per 10 days)
Dermatologicals			
*Acne Antibiotics***			
CLINDACIN (<i>Clindamycin Phosphate</i>)	T1b	T1b	AI (1x 50gm can per month); QL (50 GM per 30 days)
CLINDACIN ETZ EXTERNAL SWAB (<i>Clindamycin Phosphate</i>)	T1b	T1b	
CLINDACIN-P (<i>Clindamycin Phosphate</i>)	T1b	T1b	
<i>clindamycin phos (once-daily)</i>		T1b	
<i>clindamycin phos (twice-daily)</i>		T1b	
<i>clindamycin phosphate external gel 1 %</i>		T1b	
<i>clindamycin phosphate external lotion</i>		T1b	
<i>clindamycin phosphate external solution</i>		T1b	
<i>dapsone external gel 5 %</i>		T3	AI (60gm per month); QL (2 GM per 1 day)
<i>ery</i>		T3	
<i>erythromycin external gel</i>		T3	
<i>erythromycin external solution</i>		T1b	
<i>sulfacetamide sodium (acne)</i>		T1b	
*Acne Combinations***			
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>		T3	
NEUAC EXTERNAL GEL (<i>Clindamycin Phos-Benzoyl Perox</i>)	T3	T3	

Drug Name	Brand	Generic	Additional Information
*Acne Products***			
ACUTANE (ISOTretinoin)	T3	T3	
AMNESTEEM (ISOTretinoin)	T3	T3	
<i>bpo external gel 4 %</i>		T3	
CLARAVIS (ISOTretinoin)	T3	T3	
MYORISAN (ISOTretinoin)	T3	T3	
<i>tretinoin external cream</i>		T1b	QL (1.5 GM per 1 day); AG (Max 35 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>		T1b	
<i>tretinoin external gel 0.05 %</i>		T3	
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>		T1b	
<i>tretinoin microsphere pump external gel 0.04 %, 0.1 %</i>		T1b	
ZENATANE (ISOTretinoin)	T3	T3	
*Agents For External Genital And Perianal Warts***			
VEREGEN	T3		AI (1x 30gm tube per month); QL (30 GM per 1 Month)
*Antibiotics - Topical***			
ALTABAX	T3		AI (1 gm per day); QL (1 GM per 1 day)
<i>gentamicin sulfate external</i>		T2	
<i>mupirocin calcium</i>		T3	
<i>mupirocin external</i>		T1b	
XEPI	T3		AI (1x 30gm tube/box per month); ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); QL (30 GM per 1 Month); AG (Min 2 Years)
*Antifungals - Topical Combinations***			
<i>clotrimazole-betamethasone</i>		T1b	
<i>nystatin-triamcinolone external cream</i>		T1b	
<i>nystatin-triamcinolone external ointment</i>		T3	
*Antifungals - Topical***			
<i>ciclopirox external gel</i>		T2	
<i>ciclopirox external shampoo</i>		T1b	
<i>ciclopirox external solution</i>		T2	
<i>ciclopirox olamine external</i>		T1b	
KLAYESTA (Nystatin)	T1b	T1b	
MENTAX	T3		
<i>naftifine hcl external cream 1 %</i>		T1b	
<i>naftifine hcl external cream 2 %</i>		T3	
NYAMYC (Nystatin)	T1b	T1b	
<i>nystatin external</i>		T1b	
NYSTOP (Nystatin)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
*Antineoplastic Antimetabolites - Topical***			
<i>fluorouracil external cream 0.5 %</i>		T3	PA; AI (1gm per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 GM per 1 day); AG (Min 18 Years)
<i>fluorouracil external cream 5 %</i>		T1b	SP; AI (1x 40gm tube per month); QL (40 GM per 30 days); AG (Min 18 Years)
<i>fluorouracil external solution 2 %</i>		T3	AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>fluorouracil external solution 5 %</i>		T3	AI (10ml per month Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 ML per 30 days); AG (Min 18 Years)
*Antineoplastic Or Premalignant Lesions - Topical Misc.***			
PICATO	T1b		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Antineoplastic Or Premalignant Lesions - Topical Nsaid's***			
<i>diclofenac sodium external gel 3 %</i>		T2	AI (1x 100gm tube per month Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (100 GM per 1 Month); AG (Min 18 Years)
*Antipsoriatics - Systemic***			
<i>acitretin</i>		T3	
IMULDOSA SUBCUTANEOUS	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>methoxsalen rapid</i>		SP	SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day); AG (Min 18 Years)
SKYRIZI (150 MG DOSE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
SKYRIZI PEN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
STARJEMZA SUBCUTANEOUS SOLUTION	SP		PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	SP		PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
STARJEMZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	SP		PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
TALTZ	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 45 mg/0.5ml</i>		SP	PA; QL (0.5 ML per 8 weeks); AG (Min 6 Years)
<i>ustekinumab-aauz subcutaneous solution prefilled syringe 90 mg/ml</i>		SP	PA; QL (1 ML per 8 weeks); AG (Min 12 Years)
WEZLANA SUBCUTANEOUS SOLUTION	SP		PA; SP
YESINTEK SUBCUTANEOUS	SP		PA; SP
*Antipsoriatics***			
<i>calcipotriene external cream</i>		T1b	AI (120GM per month); QL (120 GM per 1 Month)
<i>calcipotriene external solution</i>		T3	AI (1x 120ml bottle per month); QL (120 ML per 30 days)
CALCITRENE (<i>Calcipotriene</i>)	T1b	T1b	
<i>tazarotene external cream 0.05 %</i>		T3	AI (1gm per day); QL (30 GM per 30 days)
<i>tazarotene external cream 0.1 %</i>		T1b	AI (1gm per day); QL (30 GM per 30 days)
<i>tazarotene external gel 0.05 %</i>		T3	
*Antiseborrheic Products***			
<i>selenium sulfide external lotion</i>		T2	

Drug Name	Brand	Generic	Additional Information
*Antivirals - Topical***			
<i>acyclovir external</i>		T3	
<i>penciclovir</i>		T3	
*Atopic Dermatitis - Monoclonal Antibodies***			
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	SP		PA; SP; AI (30 day supply max)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Burn Products***			
SSD (<i>Silver sulfADIAZINE</i>)	T1b	T1b	
THERMAZENE (<i>Silver sulfADIAZINE</i>)	T1b	T1b	
*Corticosteroids - Topical***			
<i>ala-cort external cream 2.5 %</i>		T1b	
<i>alclometasone dipropionate</i>		T1b	
<i>amcinonide external cream</i>		T3	
<i>amcinonide external lotion</i>		T3	
<i>betamethasone dipropionate aug external cream</i>		T1b	
<i>betamethasone dipropionate aug external gel</i>		T3	
<i>betamethasone dipropionate aug external lotion</i>		T1b	
<i>betamethasone dipropionate aug external ointment</i>		T1b	
<i>betamethasone dipropionate external</i>		T1b	
<i>betamethasone valerate external</i>		T1b	
<i>clobetasol propionate e</i>		T1b	
<i>clobetasol propionate emulsion</i>		T3	AI (1x 100gm can per month); QL (100 GM per 1 Month); AG (Min 12 Years)
<i>clobetasol propionate external cream 0.05 %</i>		T1b	
<i>clobetasol propionate external foam</i>		T1b	
<i>clobetasol propionate external gel</i>		T1b	
<i>clobetasol propionate external liquid</i>		T1b	
<i>clobetasol propionate external lotion</i>		T3	
<i>clobetasol propionate external ointment</i>		T1b	
<i>clobetasol propionate external solution</i>		T1b	
<i>clocortolone pivalate</i>		T3	AI (1x 45gm tube per month); QL (45 GM per 1 Month)
CLODAN EXTERNAL SHAMPOO (<i>Clobetasol Propionate</i>)	T3	T3	
<i>desonide external cream</i>		T1b	
<i>desonide external lotion</i>		T1b	

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Drug Name	Brand	Generic	Additional Information
<i>desonide external ointment</i>		T1b	
<i>desoximetasone external cream 0.05 %</i>		T1b	
<i>desoximetasone external cream 0.25 %</i>		T2	
<i>desoximetasone external gel</i>		T2	
<i>desoximetasone external liquid</i>		T3	
<i>desoximetasone external ointment 0.25 %</i>		T2	
<i>diflorasone diacetate external</i>		T3	AI (2gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 1 Month)
<i>fluocinolone acetonide body</i>		T2	
<i>fluocinolone acetonide external</i>		T2	
<i>fluocinolone acetonide scalp</i>		T2	
<i>fluocinonide external cream 0.05 %</i>		T1b	
<i>fluocinonide external cream 0.1 %</i>		T1b	AI (120gm per month); QL (120 GM per 1 Month)
<i>fluocinonide external gel</i>		T1b	AI (60gm per month); QL (60 GM per 1 Month)
<i>fluocinonide external ointment</i>		T1b	
<i>fluocinonide external solution</i>		T1b	
<i>flurandrenolide external cream</i>		T3	AI (120gm per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external lotion</i>		T3	AI (4gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (120 GM per 30 days)
<i>flurandrenolide external ointment</i>		T3	AI (2gm per day); QL (2 GM per 1 day)
<i>fluticasone propionate external cream</i>		T1b	
<i>fluticasone propionate external lotion</i>		T3	
<i>fluticasone propionate external ointment</i>		T1b	
<i>halcinonide external cream</i>		T3	AI (2gm per day); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone); QL (60 GM per 30 days)
<i>halobetasol propionate external cream</i>		T1b	AI (1gm per day); QL (1 GM per 1 day)
<i>halobetasol propionate external ointment</i>		T1b	AI (1gm per day); QL (1 GM per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>hydrocortisone butyrate external cream</i>		T3	AI (15gm with fill limit of 1 fill per month); QL (15 GM per 10 days)
<i>hydrocortisone butyrate external ointment</i>		T1b	
<i>hydrocortisone butyrate external solution</i>		T3	
<i>hydrocortisone external cream 2.5 %</i>		T1b	
<i>hydrocortisone external ointment 2.5 %</i>		T1b	
<i>hydrocortisone valerate</i>		T1b	
<i>mometasone furoate external</i>		T1b	
<i>triamcinolone acetonide external aerosol solution</i>		T1b	
<i>triamcinolone acetonide external cream</i>		T1b	
<i>triamcinolone acetonide external lotion</i>		T1b	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>		T1b	
*Enzymes - Topical***			
SANTYL	T3		
*Imidazole-Related Antifungals - Topical***			
<i>clotrimazole external solution</i>		T1b	
<i>econazole nitrate external cream</i>		T1b	
EXELDERM	T3		
<i>ketoconazole external cream</i>		T1b	
<i>ketoconazole external shampoo 2 %</i>		T1b	
<i>oxiconazole nitrate</i>		T1b	AI (1x 30gm tube per month); QL (30 GM per 30 days)
*Immunomodulators Imidazoquinolinamines - Topical***			
<i>imiquimod external cream 5 %</i>		T1b	AI (24 packets per month); QL (24 packets per 1 Month); AG (Min 12 Years)
*Interleukin-31 Receptor Antagonists - Systemic***			
NEMLUVIO	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Keratolytic/Antimitotic/Vesicant Agents***			
<i>podofilox external gel</i>		T3	
<i>podofilox external solution</i>		T1b	
YCANTH	MB		
*Macrolide Immunosuppressants - Topical***			
<i>pimecrolimus</i>		T3	AI (1x 60GM tube per month); QL (60 GM per 1 month); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.03 %	T3		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
PROTOPIC EXTERNAL OINTMENT 0.1 %	T3		PA; AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)

Drug Name	Brand	Generic	Additional Information
<i>tacrolimus external ointment 0.03 %</i>		T1b	AI (60gm per month); QL (60 GM per 30 days); AG (Min 2 Years)
<i>tacrolimus external ointment 0.1 %</i>		T1b	AI (60gm per month); QL (60 GM per 30 days); AG (Min 16 Years)
*Oxaborole-Related Antifungals - Topical***			
<i>tavaborole</i>		T3	PA
*Phosphodiesterase 4 (Pde4) Inhibitors - Topical***			
EUCRISA	T3		PA; AI (2gm per day); QL (60 GM per 1 Month); AG (Min 3 Months)
*Rosacea Agents***			
<i>azelaic acid external</i>		T2	AI (1x 50gm tube per month); QL (50 GM per 30 days)
<i>brimonidine tartrate external</i>		T3	PA
<i>ivermectin external cream</i>		T3	AI (1x 45gm tube per month); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%); QL (45 GM per 1 Month)
ROSADAN EXTERNAL CREAM (<i>metroNIDAZOLE</i>)	T1b	T1b	
ROSADAN EXTERNAL GEL (<i>metroNIDAZOLE</i>)	T1b	T1b	
*Scabicides & Pediculicides***			
<i>lindane external shampoo</i>		T3	
<i>malathion external</i>		T1b	AI (1x 59ml bottle per month)
NATROBA (<i>Spinosad</i>)	T3	T3	PA
<i>permethrin external cream</i>		T1b	
*Seborrheic Keratosis Products**			
ESKATA	MB		
*Topical Selective Retinoid X Receptor Agonists***			
<i>bexarotene external</i>		SP	PA; SP; AI (120gm per month. Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (120 GM per 30 days); AG (Min 18 Years)
*Topical Steroid Combinations***			
ATTERO (<i>Calcipotriene-Betameth Diprop</i>)	T3	T3	AI (1x 60gm bottle per month); QL (60 GM per 1 Month); AG (Min 18 Years)
<i>calcipotriene-betameth diprop external ointment</i>		T3	AI (1x 60gm tube per month); QL (60 GM per 30 days); AG (Min 16 Years)
*Wound Care - Growth Factor Agents***			
REGRANEX	T3		PA

Drug Name	Brand	Generic	Additional Information
Diagnostic Products			
*Diagnostic Tests***			
ACCU-CHEK AVIVA PLUS IN VITRO	T1b		AI (200 per month); QL (200 test strips per 30 days)
ACCU-CHEK GUIDE TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
ACCU-CHEK SMARTVIEW	T1b		AI (200 per month); QL (200 test strips per 30 days)
ACCUTREND GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ADVANCE INTUITION TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ADVANCE MICRO-DRAW TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ADVOCATE REDI-CODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ADVOCATE REDI-CODE+ TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ADVOCATE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
AGAMATRIX AMP TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
AGAMATRIX JAZZ TEST <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
AGAMATRIX KEYNOTE TEST <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
AGAMATRIX PRESTO TEST <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE 3 TEST <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE 4 TEST <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE II <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE II CHECK <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE PLATINUM <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE PRISM MULTI TEST <i>(Blood Glucose Test)</i>	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
ASSURE PRO TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ASSURE TITANIUM (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
BIOTEL CARE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>blood glucose test strips 333</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
BLULINK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CAREONE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CARESENS N GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CARETOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CHEMSTRIP K	T1b		AI (100 per month); QL (100 strips per 30 days)

Drug Name	Brand	Generic	Additional Information
CLEVER CHEK AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CLEVER CHEK TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CLEVER CHOICE MICRO TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CLEVER CHOICE NO CODING (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
CONTOUR NEXT TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
CONTOUR PLUS TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
CONTOUR TEST	T1b		AI (200 per month); QL (200 test strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

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Drug Name	Brand	Generic	Additional Information
CVS ADVANCED GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>cvs glucose meter test strips</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>cvs true metrix glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
D-CARE BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
DIATHRIVE GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
DIATHRIVE+ GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>diatrue plus test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
DUO-CARE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY MAX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy plus ii glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASY STEP TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy talk blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy talk plus ii test strips</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASY TOUCH TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy trak blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>easy trak ii glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
EASYGLUCO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASYMAX 15 TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASYMAX TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASYPRO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EASYPRO PLUS IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>element compact test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ELEMENT TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EMBRACE EVO BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
EMBRACE PRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EMBRACE TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	T3		AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>eq blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
EVOLUTION AUTOCODE IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>fondcircle blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA 6 CONNECT IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA 6 CONNECT/GTEL TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA GD20 TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
FORA TN'G ADVANCE PRO IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA TN'G/TN'G VOICE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORACARE GD40 TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORACARE PREMIUM V10 TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORACARE TEST N GO TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
FORTISCARE G1 TEST STRIP (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FORTISCARE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FREESTYLE INSULINX TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FREESTYLE LITE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FREESTYLE PRECISION NEO TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
FREESTYLE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>ge100 blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GENULTIMATE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>ght test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
GLUCO PERFECT 3 TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCOCARD 01 SENSOR PLUS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCOCARD EXPRESSION TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCOCARD SHINE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCOCARD VITAL TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCOCARD X-SENSOR (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCOCOM TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>glucose meter test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>gnp easy touch glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GNP TRUETRACK TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GOJJI BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>goodsense blood glucose in vitro</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
HW EMBRACE PRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
HW EMBRACE TALK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
IGLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
IHEALTH BLOOD GLUCOSE TEST STR (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
INFINITY BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
INFINITY VOICE IN VITRO STRIP (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
KETOSTIX	T2		AI (100 per month); QL (100 strips per 30 days)
<i>kroger blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
KROGER HEALTHPRO GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>kroger premium glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
LIBERTY NEXT GENERATION TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>liberty test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>meijer blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>meijer essential glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MEIJER TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MEIJER TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MICRODOT TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MM BLULINK GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MM EASY TOUCH GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
MOBI CONNECT TEST STRIPS	T3		AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
MYGLUCOHEALTH TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
NEUTEK 2TEK TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
NOVA MAX GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>one drop test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ONETOUCH ULTRA BLUE TEST	T3		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP	T3		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ONETOUCH ULTRA TEST	T3		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP	T3		AI (200 per month); ST (BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
OPTIUMEZ TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
PHARMACIST CHOICE AUTOCODE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>pharmacist choice no coding</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
POCKETCHEM EZ TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES	T3		AI (10 boxes per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips); QL (10 boxes per 1 Month)
PRECISION XTRA BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>premium blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>pro voice v8/v9 glucose</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
PRODIGY NO CODING BLOOD GLUC IN VITRO (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
PTS PANELS EGLU TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
QUICK TOUCH BLOOD GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
QUICKTEK TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
QUINTET BLOOD GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RELION BLOOD GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RELION CONFIRM/MICRO TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION GLUCOSE TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RELION PREMIER TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RELION PRIME TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RELION TRUE METRIX TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RELION ULTIMA TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
REXALL BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
RIGHTEST GT333 GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
SMART SENSE PREMIUM TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
SMART SENSE VALUE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
SMARTEST BLOOD GLUCOSE TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
SOLUS V2 TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
SUPREME TEST (Blood Glucose Test)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>tgt blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>true focus blood glucose strip</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)

Drug Name	Brand	Generic	Additional Information
TRUE METRIX BLOOD GLUCOSE TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
TRUENESS BLOOD GLUCOSE STRIPS	T3		AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
TRUETEST TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
TRUETRACK TEST (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
UNISTRIPI1 GENERIC (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
<i>verasens blood glucose test</i>		T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
VIVAGUARD INO TEST STRIPS (<i>Blood Glucose Test</i>)	T3	T3	AI (200 per month); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill of Contour OR Accu-Chek test strips); QL (200 test strips per 30 days)
Digestive Aids			
*Digestive Enzymes***			
CREON	T2		PA; AI (12 capsules per day); QL (12 capsules per 1 day)

Drug Name	Brand	Generic	Additional Information
VIOKACE	T3		PA; AI (12 tablets per day); QL (12 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	T2		PA; AI (12 capsules per day); QL (12 capsules per 1 day)
Diuretics			
*Carbonic Anhydrase Inhibitors***			
<i>acetazolamide er</i>		T3	
<i>acetazolamide oral</i>		T1b	
<i>methazolamide oral</i>		T2	
*Diuretic Combinations***			
ALDACTAZIDE ORAL TABLET 50-50 MG	T3		
<i>amiloride-hydrochlorothiazide</i>		T1b	
<i>spironolactone-hctz</i>		T1b	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>		T1b	
<i>triamterene-hctz oral tablet</i>		T1b	
*Loop Diuretics***			
<i>bumetanide oral</i>		T1b	
<i>ethacrynic acid oral</i>		T1b	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>		T1b	
<i>furosemide oral tablet 20 mg, 40 mg</i>		T1a	
<i>furosemide oral tablet 80 mg</i>		T1b	
<i>torsemide oral</i>		T1b	
*Potassium Sparing Diuretics***			
<i>amiloride hcl oral</i>		T3	
<i>spironolactone oral tablet 100 mg</i>		T1b	
<i>spironolactone oral tablet 25 mg, 50 mg</i>		T1a	
<i>triamterene oral</i>		T3	
*Thiazides And Thiazide-Like Diuretics***			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>		T1b	
DIURIL	T2		
<i>hydrochlorothiazide oral capsule</i>		T1a	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>		T1b	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>		T1a	
<i>indapamide oral</i>		T1b	
<i>metolazone</i>		T1b	
Endocrine And Metabolic Agents - Misc.			
*Bisphosphonates***			
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>		T1b	AI (4 tablets per month); QL (4 tablets per 30 days)

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Drug Name	Brand	Generic	Additional Information
<i>ibandronate sodium oral</i>		T2	AI (1 tablet per month); QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 150 mg</i>		T1b	AI (1 tablet per month); QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>		T1b	AI (4 tablets per month); QL (4 tablets per 30 days)
*Calcimimetic Agents***			
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>		SP	SP; AI (5 tablets per day); QL (5 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>		SP	SP; AI (4 tablets per day); QL (4 tablets per 1 day)
*Calcitonins***			
<i>calcitonin (salmon) injection</i>		T3	
<i>calcitonin (salmon) nasal</i>		T2	AI (1x 3.37 bottle per month); QL (3.7 ML per 30 days); AG (Min 16 Years)
*Carnitine Replenisher - Agents***			
<i>levocarnitine oral solution</i>		T3	
<i>levocarnitine oral tablet</i>		T3	
*Dopamine Receptor Agonists***			
<i>cabergoline</i>		T3	
*Gnrh/Lhrh Antagonists***			
ORLISSA	T3		PA
*Growth Hormone Receptor Antagonists***			
SOMAVERT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Growth Hormones***			
GENOTROPIN MINIQUEICK SUBCUTANEOUS PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENOTROPIN SUBCUTANEOUS CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ZORBTIVE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hereditary Tyrosinemia Type 1 (Ht-1) Treatment - Agents***			
<i>nitisinone</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Homocystinuria Treatment - Agents***			
<i>betaine</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hyperparathyroid Treatment - Vitamin D Analogs***			
<i>calcitriol oral</i>		T2	
<i>doxercalciferol oral</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>paricalcitol oral capsule 1 mcg, 2 mcg</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>paricalcitol oral capsule 4 mcg</i>		T1b	AI (12 capsules per month); QL (12 capsules per 1 Month); AG (Min 18 Years)
*Lhrh/Gnrh Agonist Analog Pituitary Suppressants***			
SYNAREL	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Non-Steroidal Mineralocorticoid Receptor Antagonists***			
KERENDIA	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
*Parathyroid Hormone And Derivatives***			
BONSITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
NATPARA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TYMLOS	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Phenylketonuria Treatment - Agents***			
JAVYGTOR (<i>Sapropterin Dihydrochloride</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML	SP		PA; SP; AI (Limited distribution may apply; 30 day supply max)
ZELVYSIA (<i>Sapropterin Dihydrochloride</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Rank Ligand (Rankl) Inhibitors***			
BILDYOS	SP		PA; SP; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
ENOBV	SP		PA; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
OSPOMYV	SP		PA; SP; AI (1 prefilled syringe per 180 days; x6 copay applies); QL (1 syringe per 180 days); AG (Min 18 Years)
*Selective Estrogen Receptor Modulators (Serms)***			
OSPHENA	T3		PA
<i>raloxifene hcl</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Selective Vasopressin V2-Receptor Antagonists***			
<i>tolvaptan (hyponatremia) oral tablet 15 mg, 30 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tolvaptan oral tablet</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>tolvaptan oral tablet therapy pack</i>		SP	PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

Drug Name	Brand	Generic	Additional Information
*Somatostatic Agents***			
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>octreotide acetate subcutaneous</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urea Cycle Disorder - Agents***			
<i>sod benz-sod phenylacet</i>		MB	
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
<i>sodium phenylbutyrate oral tablet</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Vasopressin***			
<i>desmopressin ace spray refrig</i>		T3	AI (3 x 5ml bottles per month); QL (15 ML per 30 days)
<i>desmopressin acetate injection</i>		T3	
<i>desmopressin acetate oral tablet 0.1 mg</i>		T3	AI (8 tablets per day); QL (8 tablets per 1 day)
<i>desmopressin acetate oral tablet 0.2 mg</i>		T3	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>desmopressin acetate spray</i>		T3	AI (3x 5ml bottles per month); QL (15 ML per 1 Month)
STIMATE	T3		
<i>vasopressin +rfid</i>		MB	
VASOSTRICT INTRAVENOUS SOLUTION (Vasopressin) 20 UNIT/ML	MB	MB	
Estrogens			
*Estrogen & Progestin***			
ABIGALE (Estradiol-Norethindrone Acet)	T3	T3	AI (1 tablet per day); F; QL (1 tablet per 1 day)
ABIGALE LO (Estradiol-Norethindrone Acet)	T1b	T1b	AI (1 tablet per day); F; QL (1 tablet per 1 day)
AMABELZ ORAL TABLET (Estradiol-Norethindrone Acet) 0.5-0.1 MG	T1b	T1b	AI (1 tablet per day); F; QL (1 tablet per 1 day)
AMABELZ ORAL TABLET 1-0.5 MG	T1b		F
BIJUVA ORAL CAPSULE 0.5-100 MG	T3		PA
COMBIPATCH	T3		F
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG	T2		AI (1x 28 blisterpack per month); F; QL (1 tablet per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
MIMVEY	T3		AI (28 tablets per month); F; QL (28 tablets per 30 Months)
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>		T2	AI (1x 28 blisterpack per month); F; QL (1 pack per 1 day); AG (Min 18 Years)
PREMPHASE	T2		AI (1 tablet per day); F; QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG	T2		AI (1 tablet per day); F; QL (1 tablet per 1 day)
PREMPRO ORAL TABLET 0.625-2.5 MG, 0.625-5 MG	T2		AI (2 tablets per day); F; QL (2 tablets per 1 day)
*Estrogen-Progestin-Gnrh Antagonist***			
MYFEMBREE	T3		PA; AI (1 tablet per day); QL (1 tablet per 1 day)
*Estrogens***			
DEPO-ESTRADIOL	T3		
DOTTI (Estradiol)	T1b	T1b	AI (2 patches per week); F; QL (2 patches per 1 week)
<i>estradiol oral</i>		T1b	F
<i>estradiol transdermal patch weekly</i>		T1b	AI (4 patches per month); F; QL (4 patches per 1 Month)
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>		T1b	F
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY (Estradiol) 0.025 MG/24HR	T1b	T1b	AI (2 patches per week); F; QL (2 patches per 1 week)
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	T1b		F; QL (2 patches per 1 week)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T3		
MENOSTAR	T3		AI (4 patches per month); F; QL (4 patches per 1 Month)
PREMARIN ORAL (Estrogens Conjugated)	T2	T2	
*Estrogen-Selective Estrogen Receptor Modulator Comb***			
DUAVEE	T3		PA; AI (1 tablet per day); F; QL (1 tablet per 1 day); AG (Min 18 Years)
Fluoroquinolones			
*Fluoroquinolones***			
<i>ciprofloxacin hcl oral tablet 100 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>		T1a	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>ciprofloxacin hcl oral tablet 750 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>levofloxacin oral solution</i>		T3	
<i>levofloxacin oral tablet 250 mg</i>		T2	AI (3 tablets per day); QL (3 tablets per 1 day)

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Drug Name	Brand	Generic	Additional Information
<i>levofloxacin oral tablet 500 mg, 750 mg</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>moxifloxacin hcl oral</i>		T1b	
<i>ofloxacin oral tablet 300 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>ofloxacin oral tablet 400 mg</i>		T3	AI (2 tablets per day); QL (2 tablets per 1 day)
Gastrointestinal Agents - Misc.			
*5-Ht4 Receptor Agonists***			
<i>prucalopride succinate</i>		T3	PA
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***			
TRULANCE	T3		AI (2 tablets per day); ST (Step Therapy required: 1 fill in the last 6 months - Linzess); QL (2 tablets per 1 day); AG (Min 18 Years)
*Gallstone Solubilizing Agents***			
<i>ursodiol oral capsule 300 mg</i>		T2	
<i>ursodiol oral tablet</i>		T3	
*Gastrointestinal Antiallergy Agents***			
<i>cromolyn sodium oral</i>		T1b	
*Gastrointestinal Chloride Channel Activators***			
<i>lubiprostone</i>		T2	AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
*Gastrointestinal Stimulants***			
<i>metoclopramide hcl oral solution 5 mg/5ml</i>		T1b	
<i>metoclopramide hcl oral tablet</i>		T1b	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>		T3	
*Ibs Agent - Guanylate Cyclase-C (Gc-C) Agonists***			
LINZESS ORAL CAPSULE 145 MCG	T2		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 7 Years)
LINZESS ORAL CAPSULE 290 MCG	T2		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
LINZESS ORAL CAPSULE 72 MCG	T2		AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 2 Years)
*Ibs Agent - Mu-Opioid Receptor Agonists***			
VIBERZI	T3		PA; AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
*Inflammatory Bowel Agents***			
<i>balsalazide disodium</i>		T1b	
DIPENTUM	T3		AI (4 capsules per day); QL (4 capsules per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>mesalamine er oral capsule extended release</i>		T3	
<i>mesalamine er oral capsule extended release 24 hour</i>		T3	AI (4 capsules per day); QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>		T3	
<i>mesalamine oral tablet delayed release 1.2 gm</i>		T3	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>mesalamine oral tablet delayed release 800 mg</i>		T3	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mesalamine rectal enema</i>		T3	AI (60ml per day); QL (60 ML per 1 day)
<i>mesalamine rectal suppository</i>		T2	AI (1 suppository per day); QL (1 suppository per 1 day)
<i>mesalamine-cleanser</i>		T3	
<i>sulfasalazine oral</i>		T1b	
*Interleukin Antagonists***			
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
TREMFYA-CD/UC INDUCTION	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Intestinal Acidifiers***			
<i>enulose</i>		T1b	
<i>generlac</i>		T1b	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>		T1b	
*Peripheral Opioid Receptor Antagonists***			
<i>alvimopan</i>		MB	
MOVANTIK	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SYMPROIC	T3		PA

Drug Name	Brand	Generic	Additional Information
*Phosphate Binder Agents***			
<i>calcium acetate (phos binder) oral capsule</i>		T1b	
<i>lanthanum carbonate</i>		SP	SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day); AG (Min 16 Years)
<i>sevelamer carbonate oral packet 0.8 gm</i>		T3	AI (15 packets per day); QL (15 packets per 1 day)
<i>sevelamer carbonate oral packet 2.4 gm</i>		T3	AI (5 packets per day); QL (5 packets per 1 day)
<i>sevelamer carbonate oral tablet</i>		T3	AI (15 tablets per day); QL (15 tablets per 1 day)
<i>sevelamer hcl oral tablet 400 mg</i>		T1b	AI (35 tablets per day); QL (35 tablets per 1 day)
<i>sevelamer hcl oral tablet 800 mg</i>		T1b	AI (17.5 tablets per day); QL (17.5 tablets per 1 day)
VELPHORO	T3		PA
*Tumor Necrosis Factor Alpha Blockers***			
CIMZIA (1 SYRINGE)	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA (2 SYRINGE)	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
CIMZIA-STARTER	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
Genitourinary Agents - Miscellaneous			
*5-Alpha Reductase Inhibitors***			
<i>dutasteride oral</i>		T1b	AI (1 capsule per day); M; QL (1 capsule per 1 day)
<i>finasteride oral tablet 5 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Alpha 1-Adrenoceptor Antagonists***			
<i>alfuzosin hcl er</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>silodosin</i>		T3	
<i>tamsulosin hcl</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Citrates***			
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)</i>		T2	
<i>potassium citrate er oral tablet extended release 15 meq (1620 mg)</i>		T3	
*Cystinosis Agents***			
CYSTAGON	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Genitourinary Irrigants***			
<i>acetic acid irrigation</i>		MB	
ARGYLE STERILE SALINE (<i>Sodium Chloride</i>)	T1b	T1b	
CURITY STERILE SALINE (<i>Sodium Chloride</i>)	T1b	T1b	
RENACIDIN	T1b		
*Interstitial Cystitis Agents***			
ELMIRON	T3		AI (3 capsules per day); QL (3 capsules per 1 day)
*Prostatic Hypertrophy Agent Combinations***			
<i>dutasteride-tamsulosin hcl</i>		T1b	M
*Small Interfering Ribonucleic Acid Agents (Sirna)***			
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Urinary Stone Agents***			
<i>tiopronin oral tablet</i>		SP	PA
Gout Agents			
*Gout Agent Combinations***			
<i>colchicine-probenecid</i>		T1b	
*Gout Agents***			
<i>allopurinol oral tablet 100 mg, 300 mg</i>		T1b	
<i>colchicine oral tablet</i>		T3	
<i>febuxostat</i>		T3	AI (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); QL (1 tablet per 1 day); AG (Min 18 Years)
*Uricosurics***			
<i>probenecid oral</i>		T1b	
Hematological Agents - Misc.			
*Direct-Acting P2y12 Inhibitors***			
<i>ticagrelor oral tablet 60 mg</i>		T2	

Drug Name	Brand	Generic	Additional Information
*Hematorheologic Agents***			
<i>pentoxifylline er</i>		T1b	
*Phosphodiesterase Iii Inhibitors***			
<i>cilostazol</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
*Plasma Proteins***			
ALBUKED 25 (<i>Albumin Human</i>)	MB	MB	
<i>albumin-zlb intravenous solution 25 %</i>		MB	
ALBURX INTRAVENOUS SOLUTION (<i>Albumin Human</i>) 25 %	MB	MB	
ALBUTEIN INTRAVENOUS SOLUTION (<i>Albumin Human</i>) 25 %	MB	MB	
FLEXBUMIN INTRAVENOUS SOLUTION (<i>Albumin Human</i>) 25 %	MB	MB	
<i>kedbumin</i>		MB	
*Platelet Aggregation Inhibitor Combinations***			
<i>aspirin-dipyridamole er</i>		T2	
*Platelet Aggregation Inhibitors***			
<i>dipyridamole oral</i>		T1b	
*Protease-Activated Receptor-1 (Par-1) Antagonists***			
ZONTIVITY	T2		AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
*Quinazoline Agents***			
<i>anagrelide hcl</i>		T1b	
*Spleen Tyrosine Kinase (Syk) Inhibitors***			
TAVALISSE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Thienopyridine Derivatives***			
<i>clopidogrel bisulfate oral tablet 75 mg</i>		T1a	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prasugrel hcl</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 16 Years)
Hematopoietic Agents			
*Agents For Gaucher Disease***			
YARGESA (<i>migLUstat</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cobalamins***			
<i>cyanocobalamin nasal</i>		T3	
DODEX (<i>Cyanocobalamin</i>)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
*Cytotoxic Agents***			
DROXIA	SP		SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); QL (1 capsule per 1 day); AG (Min 18 Years)
SIKLOS ORAL TABLET 100 MG	SP		SP; AI (10 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (10 tablets per 1 day); AG (Min 2 Years)
SIKLOS ORAL TABLET 1000 MG	SP		SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 2 Years)
*Erythropoiesis-Stimulating Agents (Esas)***			
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	MB		
PROCRIT	MB		
*Folic Acid/Folates***			
<i>folic acid oral tablet 1 mg</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day)
*Granulocyte Colony-Stimulating Factors (G-Csf)***			
FULPHILA	SP		PA; SP; AI (0.086ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (0.086 ML per 1 day)
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (2 syringes per 14 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (2 syringes per 14 days Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 14 day supply max); QL (2 syringes per 14 days)

Drug Name	Brand	Generic	Additional Information
NIVESTYM INJECTION SOLUTION 300 MCG/ML	SP		PA; SP; AI (1ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail 1ml per day); QL (10 inj per 10 days)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6ML	SP		PA; SP; AI (1.6ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (16 inj per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML	SP		PA; SP; AI (0.5ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (5 inj per 10 days)
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML	SP		PA; SP; AI (0.8ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail); QL (8 inj per 10 days)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Hemoglobin S (Hbs) Polymerization Inhibitors***			
OXBRYTA ORAL TABLET 500 MG	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
OXBRYTA ORAL TABLET SOLUBLE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Iron W/ Folic Acid***			
FOLIVANE-F	T2		
INTEGRA F	T2		
*Iron***			
<i>ferrous sulfate oral liquid 220 (44 fe) mg/5ml</i>		\$0	AG (Max 1 Years)
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	MB		
SPATONE PUR-ABSORB IRON ORAL SOLUTION	\$0		AG (Max 1 Years)
Hemostatics			
*Hemostatics - Systemic***			
<i>aminocaproic acid oral solution</i>		T3	
<i>tranexamic acid oral</i>		T1b	F

Drug Name	Brand	Generic	Additional Information
Hypnotics/Sedatives/Sleep Disorder Agents			
*Antihistamine Hypnotics***			
<i>eq sleep-aid</i>		\$0	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 45 Years)
*Barbiturate Hypnotics***			
<i>phenobarbital oral tablet</i>		T1b	
*Benzodiazepine Hypnotics***			
<i>estazolam</i>		T1b	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 15 mg</i>		T3	AI (2 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (2 capsule per 1 day); AG (Min 18 Years)
<i>flurazepam hcl oral capsule 30 mg</i>		T3	AI (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 15 mg, 30 mg</i>		T1b	AI (1 capsule per day, with a limitation of up to two fills of any benzodiazepine per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>		T1b	AI (1 capsule per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.125 mg</i>		T3	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>triazolam oral tablet 0.25 mg</i>		T1b	AI (2 tablets per day, with a fill limitation of one fill of any hypnotic per 30 days); QL (2 tablets per 1 day); AG (Min 18 Years)
*Hypnotics - Tricyclic Agents***			
<i>doxepin hcl oral tablet</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
*Non-Benzodiazepine - Gaba-Receptor Modulators***			
<i>eszopiclone</i>		T1b	AI (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>zaleplon oral capsule 10 mg</i>		T1b	AI (2 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (15 capsules per 1 Copay)

Drug Name	Brand	Generic	Additional Information
<i>zaleplon oral capsule 5 mg</i>		T1b	AI (3 capsules per day, with a limitation of one fill of any hypnotic per 30 days); QL (15 capsules per 1 Copay)
<i>zolpidem tartrate er</i>		T1b	AI (1 tablet per day, with a limitation of one fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>		T1b	AI (1 tablet per day, with a limitation of 1 fill of any hypnotic per 30 days); QL (1 tablet per 1 day)
*Orexin Receptor Antagonists***			
BELSOMRA	T3		AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 tablet per 1 day); AG (Min 18 Years)
DAYVIGO	T3		AI (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); QL (1 tablet per 1 day); AG (Min 18 Years)
*Selective Melatonin Receptor Agonists***			
<i>ramelteon</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>tasimelteon</i>		SP	PA; SP; AI (1 tablet per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 tablet per 1 day); AG (Min 18 Years)
Laxatives			
*Bowel Evacuant Combinations***			
GAVILYTE-G (PEG-3350/Electrolytes)	\$0	\$0	
GAVILYTE-N WITH FLAVOR PACK (PEG 3350-KCl-Na Bicarb-NaCl)	\$0	\$0	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>		T3	
<i>peg-3350/electrolytes/ascorbat</i>		T3	
<i>peg-kcl-nacl-nasulf-na asc-c</i>		T3	
*Electrolyte-Based Osmotic Laxative Mixtures***			
OSMOPREP	T3		AI (32 tablets per procedure); QL (1.34 tablets per 1 day)
*Laxatives - Miscellaneous***			
<i>constulose</i>		T1b	
<i>lactulose oral solution</i>		T1b	

Drug Name	Brand	Generic	Additional Information
Local Anesthetics-Parenteral			
*Local Anesthetics - Amides***			
XARACOLL	MB		
Macrolides			
*Azithromycin***			
<i>azithromycin oral packet</i>		T1b	
<i>azithromycin oral suspension reconstituted</i>		T1b	
<i>azithromycin oral tablet 250 mg</i>		T1a	
<i>azithromycin oral tablet 500 mg</i>		T1b	
<i>azithromycin oral tablet 600 mg</i>		T2	
*Clarithromycin***			
<i>clarithromycin er</i>		T2	
<i>clarithromycin oral suspension reconstituted</i>		T3	AI (10ml per day); QL (10 ML per 1 day)
<i>clarithromycin oral tablet 250 mg</i>		T1b	
<i>clarithromycin oral tablet 500 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
*Erythromycins***			
E.E.S. 400 ORAL TABLET (<i>Erythromycin Ethylsuccinate</i>)	T3	T3	
ERY-TAB	T3		
ERYTHROCIN STEARATE ORAL TABLET 250 MG	T3		
<i>erythromycin base oral capsule delayed release particles</i>		T3	AI (4 capsules per day)
<i>erythromycin base oral tablet</i>		T3	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>		T1b	
Medical Devices And Supplies			
*Cervical Caps***			
FEMCAP	\$0		AI (3 cervical caps per month); F; QL (3 cervical caps per 1 Month)
*Condoms - Female***			
FC2 FEMALE CONDOM	\$0		AI (1 box of 12 per month); F; QL (1 box per 30 days)
*Condoms - Male***			
<i>aimsco lubricated</i>		\$0	F
<i>condoms</i>		\$0	F
DUREX EXTRA SENSITIVE THIN (<i>Maxx</i>)	\$0	\$0	F
DUREX REALFEEL	\$0		F
DUREX TROPICAL (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
FANTASY LUBRICATED/SPERMICIDE (<i>Maxx</i>)	\$0	\$0	F
KAMELEON LUBRICATED (<i>Maxx</i>)	\$0	\$0	F
<i>kimono</i>		\$0	F

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Drug Name	Brand	Generic	Additional Information
KIMONO COLORS (Maxx)	\$0	\$0	F
KIMONO MAXX-LARGE FLARE (Maxx)	\$0	\$0	F
<i>kimono micro thin plus</i>		\$0	F
<i>kimono plus</i>		\$0	F
<i>kimono ps</i>		\$0	F
<i>kimono ps plus</i>		\$0	F
<i>kimono sensation</i>		\$0	F
<i>kimono sensation plus</i>		\$0	F
KIMONO SPECIAL (Maxx)	\$0	\$0	F
K-Y ME & YOU EXTRA LUBRICATED (Maxx)	\$0	\$0	F
K-Y ME & YOU INTENSE (Maxx)	\$0	\$0	F
<i>maxx plus</i>		\$0	F
REALITY LATEX CONDOMS (Maxx)	\$0	\$0	F
REALITY LATEX/ULTRA TEXTURED (Maxx)	\$0	\$0	F
REALITY LATEX/ULTRA THIN (Maxx)	\$0	\$0	F
TROJAN BARESKIN (Maxx)	\$0	\$0	F
TROJAN ENZ (Kimono Micro Thin)	\$0	\$0	F
TROJAN ULTRA RIBBED LUBRICATED (Maxx)	\$0	\$0	F
TROJAN ULTRA THIN (Maxx)	\$0	\$0	F
TROJAN ULTRA THIN/SPERMICIDAL (Maxx)	\$0	\$0	F
<i>true cover</i>		\$0	F
TRUSTEX COLOR CONDOMS + LUBE (Maxx)	\$0	\$0	F
TRUSTEX LUB/RIBBED/STUDED (Maxx)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE EX ST (Maxx)	\$0	\$0	F
TRUSTEX LUB/SPERMICIDE XL (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED EX LARGE (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED EXTRA ST (Maxx)	\$0	\$0	F
TRUSTEX LUBRICATED/SPERMICIDE (Maxx)	\$0	\$0	F
TRUSTEX NATURAL CONDOMS + LUBE (Maxx)	\$0	\$0	F
TRUSTEX NON-LUBRICATED (Kimono Micro Thin)	\$0	\$0	F
TRUSTEX RIA LUB/SPERMICIDE (Maxx)	\$0	\$0	F
TRUSTEX RIA LUBRICATED (Maxx)	\$0	\$0	F
TRUSTEX RIA NON-LUBRICATED (Kimono Micro Thin)	\$0	\$0	F
TRUSTEX-NONOXYNOL-9/RIB/STUD (Maxx)	\$0	\$0	F
*Diaphragms***			
CAYA	\$0		
OMNIFLEX DIAPHRAGM	\$0		F
WIDE-SEAL DIAPHRAGM 60	\$0		F
WIDE-SEAL DIAPHRAGM 65	\$0		F
WIDE-SEAL DIAPHRAGM 70	\$0		F

Drug Name	Brand	Generic	Additional Information
WIDE-SEAL DIAPHRAGM 75	\$0		F
WIDE-SEAL DIAPHRAGM 80	\$0		F
WIDE-SEAL DIAPHRAGM 85	\$0		F
WIDE-SEAL DIAPHRAGM 90	\$0		F
WIDE-SEAL DIAPHRAGM 95	\$0		F
*Glucose Monitoring Test Supplies***			
ACCU-CHEK FASTCLIX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ACCU-CHEK GUIDE	\$0		AI (Not a benefit through the retail pharmacy. For details visit Accu-Chek.com. Program limits apply.)
ACCU-CHEK GUIDE ME	\$0		AI (Not a benefit through the retail pharmacy. For details visit Accu-Chek.com. Program limits apply.)
ACCU-CHEK SAFE-T PRO LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance lite lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance special lancets 17g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>acti-lance universal 23g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>advanced mobile lancet</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>advantage safety lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>aimsco twist lancets 32g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)

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Drug Name	Brand	Generic	Additional Information
AIMSCO TWIST LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>assure comfort lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS HIGH (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS LOW (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS MICRO (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS PED (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>aurora lancet super thin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>aurora lancet thin 23g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
AUTOLET PLATFORMS (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
BD MICROTAINER LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CAREONE LANCET SUPER THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>careone lancet thin 23g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
CARESENS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARESENS LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
CARETOUCH TWIST LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CHOSEN LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CHOSEN SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHEK LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>comfort assured lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>comfort assured lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
COMFORT TOUCH TWIST LANCET 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
CONTOUR NEXT EZ	\$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
CONTOUR NEXT GEN MONITOR KIT	\$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)

Drug Name	Brand	Generic	Additional Information
CONTOUR NEXT MONITOR	\$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
CONTOUR NEXT ONE KIT W/DEVICE	\$0		AI (Not a benefit through the retail pharmacy. For details visit ascensiadiabetes.com or call 1-800-401-8440 for details. Code CTR-OPX. Program limits apply.)
<i>cvs lancets 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets micro thin 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets original</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets thin 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets ultra thin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs lancets ultra-thin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>cvs ultra thin lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER	T2		PA; AI (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G6 SENSOR	T2		PA; AI (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DEXCOM G6 TRANSMITTER	T2		PA; AI (1 transmitter (1 box) per 90 days. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 transmitter per 90 days)
DEXCOM G7 15 DAY SENSOR	T2		PA; AI (2 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (2 sensors per 1 month); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
DEXCOM G7 RECEIVER	T2		PA; AI (1 receiver per lifetime. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (1 receiver per 1 Lifetime)
DEXCOM G7 SENSOR	T2		PA; AI (3 sensors per month. Call Dexcom at (844) 832-1810, option 3 for issues with system/sensors/receivers. May receive 10 over patches each month. Available 24/7.); QL (3 sensors per 1 month)
DIATHRIVE LANCET ULTRA THIN 30 <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DIATHRIVE LANCETS <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPLET LANCETS ULTRA THIN 30G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPLET MEDLANCE LANCET 30G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPLET PERSONAL LANCETS 30G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE 23G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 17G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 23G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ACTI-LANCE LANCET 28G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 21G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 25G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE ERGOLANCE LANCET 30G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 1.5 <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 18G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 21G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 25G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE HAEMOLANCE LANCET 28G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDISAFE LANCET 23G <i>(Lancets)</i>	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
DROPSAFE MEDISAFE LANCET 29G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 0.8MM (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DROPSAFE MEDLANCE LANCET 25G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>drug mart lancets thin 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART ON-THE-GO LANCET 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>easy comfort lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>easy comfort lancets twist top</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi color lancets 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi color lancets micro 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi super thin lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>eqi thin lancets 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCET MICRO-THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FINE 30 (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FINGERSTIX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>fondcircle single use lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
FORA LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
FREESTYLE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
FREESTYLE LIBRE 14 DAY READER	T2		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 14 DAY SENSOR	T2		PA; AI (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	T2		PA; AI (2 sensors per month. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 30 days)
FREESTYLE LIBRE 2 READER	T2		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)
FREESTYLE LIBRE 2 SENSOR	T2		PA; AI (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	T2		PA; AI (2 sensors per 30 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 30 days)
FREESTYLE LIBRE 3 READER	T2		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 lifetime)
FREESTYLE LIBRE 3 SENSOR	T2		PA; AI (2 sensors per 28 days. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (2 sensors per 28 days)
FREESTYLE LIBRE READER	T2		PA; AI (1 reader per lifetime. Call Freestyle Libre at (855) 632-8658 for issues with system/sensors/receivers. Available 8am-8pm EST.); QL (1 reader per 1 Lifetime)

Drug Name	Brand	Generic	Additional Information
FREESTYLE UNISTICK II LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTEEL NOZZLES (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
GENTLE-LET GP LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTLE-LET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GENTLE-LET PLATFORMS (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
<i>global inject ease lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>global inject ease lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp lancets 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp lancets thin 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>gnp sterile lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
GOJJI STERILE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>goodsense color lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 26g univ</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 30g univ</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>goodsense lancets 33g univ</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>h-e-b incontrol lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
HY-VEE LANCETS (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>hy-vee thin lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
IN TOUCH STERILE LANCETS 30G (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kinney lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kinney thin lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
KROGER HEALTHPRO LANCET 26G (Lancets)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>kroger lancets micro thin 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets super thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets thin 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>kroger lancets ultrathin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 28g thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets micro thin 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
LANCETS SUPER THIN (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets super thin 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
LANCETS ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lancets ultra thin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
LIBERTY MEDICAL LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>lite touch lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
LITETOUCH LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>live better lancet super thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets standard</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>longs lancets ultra thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet extra</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>medichoice safety lancet norm</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
MEDLANCE EXTRA 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE LITE 25G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEDLANCE UNIVERSAL 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS THIN (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MICROLET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MICROLET NEXT LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MM TWIST LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MOBI CONNECT TWIST LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>mobile lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
MONOLET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MONOLET OPD LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>mpd safety lancet 23g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>mpd safety lancet 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ONETOUCH ULTRASOFT 2 LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PERFECT LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PERFECT LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PERFECT POINT SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pip lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pip lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
PRECISION THINS GP LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>preferred plus lancets colored</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>preferred plus lancets thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort lancets 31g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pro comfort safety lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
PRODIGY SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PSS SELECT GP LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
PSS SELECT PLATFORMS (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
PSS SELECT SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pure comfort lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>pure comfort safety lancet 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>px lancets microthin 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>px lancets ultra thin 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>qc lancets super thin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>qc lancets ultra thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>qc unilet lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>qc unilet lancets micro thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>reality lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>reality trigger lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS MICRO-THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION ULTRA THIN PLUS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
RIGHTEST GL300 LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFE-T-LANCE (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFE-T-LANCE PLUS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>safety lancet 30g/pressure act</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>safety lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>saps health plus lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>saps health twist top lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>saps twist top lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sapscare twist top lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sb lancets thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sb lancets ultra thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SENSILANCE SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SINGLE-LET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sm lancets 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE COLOR LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
SMART SENSE SUPER THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SMARTEST LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
SOLUS V2 TWIST LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
STERILANCE PA (<i>Lancet Transporter Case</i>)	T1b	T1b	AI (200 per month); QL (200 lancets per 30 days)
STERILANCE TL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>super thin lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 18g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 23g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>sure comfort lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
SURELITE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE AST LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TECHLITE LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet micro thin 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet thin 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>tgt lancet ultra thin 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
THINLETS GP LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>todays health thin lancets 28g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>todays health thin lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>topcare lancets micro-thin 33g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>true comfort twist top lancets</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET CLASSIC LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra thin lancets 31g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra-care lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>ultra-care safety lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET EXCELITE (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET EXCELITE II (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET G.P. LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
UNILET GP 28 ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 1	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2 COMFORT (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 EXTRA	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 2 NEONATAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 NORMAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 2 SUPER	T1b		AI (204 per month); QL (200 lancets per 30 days)
UNISTIK 3 (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 COMFORT (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 EXTRA (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 GENTLE (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK 3 NORMAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK CZT COMFORT (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK CZT NORMAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK NORMAL (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK PRO SAFETY LANCET (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
UNISTIK SAFETY LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancet standard 21g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancets super thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>value plus lancets thin 26g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 21G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 23G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE SAFE LANCET MINI 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD LANCETS 30G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
VIVAGUARD SAFETY LANCETS 28G (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>walgreens lancets micro thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>walgreens lancets super thin</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)

Drug Name	Brand	Generic	Additional Information
WALGREENS THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>Lancets</i>)	T1b	T1b	AI (204 per month); QL (204 lancets per 30 days)
<i>zevrx twist top lancets 30g</i>		T1b	AI (204 per month); QL (204 lancets per 30 days)
*Insulin Administration Supplies***			
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)
OMNIPOD 5 DEXG7G6 PODS GEN 5	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5)	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)
OMNIPOD 5 G7 PODS (GEN 5)	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
OMNIPOD 5 LIBRE INTRO	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)

Drug Name	Brand	Generic	Additional Information
OMNIPOD 5 LIBRE PODS	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.)
OMNIPOD CLASSIC PODS (GEN 3)	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
OMNIPOD DASH PODS (GEN 4)	T3		PA; AI (10 pods/cartridges per month. Not covered for Type 2 diabetes. Pharmacy coverage available for cartridges (pods) ONLY, not pump device. Please consult manufacturer and/or medical benefits for information on pump device coverage.); QL (10 pods per 30 days)
*Needles & Syringes***			
<i>1st tier unifine pentips</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>1st tier unifine pentips plus</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
ABOUTTIME PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>aq insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>aqinject pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID DUO PRO PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
ASSURE ID INSULIN SAFETY SYR (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ASSURE ID PRO PEN NEEDLES (<i>Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum insulin safety pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum mini insulin pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>aum pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>Raya Sure Pen Needle</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>aurora pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE (<i>Pen Needles</i>) 30G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
AUTOKEEPER SAFETY PEN NEEDLE 30G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
BD AUTOSHIELD DUO (<i>Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 27G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE HALF-UNIT (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
BD INSULIN SYRINGE (<i>Kmart Valu Insulin Syringe 29G</i>) U-100 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500	T1b		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO ULTRAFINE	T1b		AI (200 per month); QL (200 syringesEA per 30 days)
BD PEN NEEDLE MINI U/F (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE MINI ULTRAFINE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE NANO ULTRAFINE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD PEN NEEDLE ORIG ULTRAFINE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD PEN NEEDLE SHORT ULTRAFINE (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>TechLITE Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYR ULTRAFINE (<i>TechLITE Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>TechLITE Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>careone insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>careone unifine pentips plus</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
CARETOUCH INSULIN SYRINGE (<i>Easy Comfort Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
CARETOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLEVER CHOICE COMFORT EZ PLUS (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>clickfine pen needles 31g x 8 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
CLICKFINE PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES 32G X 4 MM	T1b		AI (204 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pro Comfort Pen Needles</i>) 32G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Pure Comfort Pen Needle</i>) 32G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PEN NEEDLES 33G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ PRO PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
DROPLET INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
DROPLET INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
DROPLET MICRON	T1b		AI (200 per month); QL (200 pen needles per 30 days)
DROPLET PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
DROPSAFE AUTOPROTECT DUO 31G X 4 MM , 31G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 Days)
DROPSAFE AUTOPROTECT DUO 31G X 5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
<i>dropsafe safety pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>drug mart unifine pentips 29g x 12mm , 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>drug mart unifine pentips plus</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>easy comfort insulin syringe 29g x 5/16" 0.5 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 1/2" 0.3 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY COMFORT INSULIN SYRINGE (<i>True Comfort Pro Insulin Syr</i>) 32G X 5/16" 1 ML	T1b	T1b	AI (204 per month); QL (200 syringes per 30 days)
<i>easy comfort pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>easy glide pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN BARRELS (<i>Kmart Valu Insulin Syringe 29G</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
EASY TOUCH PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>Easy Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 30G X 5/16" 1 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA AUTOSHIELD DUO (<i>Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 29G X 1/2" 0.5 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE (<i>Sure Comfort Insulin Syringe</i>) 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE (<i>Insulin Syringe-Needle U-100</i>) 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYR ULTRAFINE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA INSULIN SYRINGE U-500	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE NANO (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN (<i>Ultra Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM	T1b		AI (200 per month); QL (200 syringes per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
EMBRACE PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>eql insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>global ease inject pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>global easy glide insulin syr</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>global easy glide pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>global inject ease insulin syr</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>global insulin syringes</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp clickfine pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp insulin syringe 28g x 1/2" 0.5 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 28gx1/2"</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 29gx1/2"</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 30gx5/16"</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp insulin syringes 31gx5/16"</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>gnp pen needles 31g x 5 mm , 31g x 8 mm , 32g x 6 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp pen needles 32g x 4 mm</i>		T1b	AI (200 per month); QL (200 Pen needles per 30 days)
<i>gnp ulticare pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
GNP ULTIGUARD SAFEPAK NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>gnp ultra com insulin syringe 28g x 1/2" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>goodsense clickfine pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
GOODSENSE PEN NEEDLE PENFINE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>healthwise insulin syrlneedle</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>healthwise micron pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>healthwise short pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>h-e-b incontrol pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
HM ULTICARE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>insulin syringe 29g x 1/2" 0.3 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>insupen pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN SENSITIVE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
INSUPEN ULTRAFIN (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>kinray insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 29g</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>kmart valu insulin syringe 30g</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>kroger insulin syringe 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>leader insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
LITETOUCH INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
LITETOUCH PEN NEEDLES (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>longs insulin syringe 31g x 5/16" 0.5 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (<i>Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MAXICOMFORT II PEN NEEDLE (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (<i>Easy Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>medic insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>medicine shoppe pen needles 29g x 12mm , 31g x 8 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
MICRODOT PEN NEEDLE (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>mm insulin syringe/needle</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
MM PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
MONOJECT INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe</i>) 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (<i>Kroger Insulin Syringe</i>) 29G X 1/2" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>ms insulin syringe 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)

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Drug Name	Brand	Generic	Additional Information
NOVOFINE AUTOCOVER PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
NOVOFINE PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>pc unifine pentips 31g x 5 mm , 31g x 6 mm , 31g x 8 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needle/5-bevel tip 31g x 8 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needle/5-bevel tip 32g x 4 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM , 32G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 31G X 5 MM	T1b		AI (200 per month); QL (0.00001 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES 32G X 4 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
PENTIPS GENERIC PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 32G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>pip pen needles 31g x 5mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>pip pen needles 32g x 4mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PRECISION SURE-DOSE SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 30G X 5/16" 0.3 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>preferred plus insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>preferred plus unifine pentips 29g x 12mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
PREVENT SAFETY PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>pro comfort pen needles 32g x 4 mm , 32g x 6 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>pure comfort pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>px extra short pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>px insulin syringe 30g x 1/2" 0.5 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>px mini pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>px pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>px shortlength pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>qc pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>qc unifine pentips</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM	T1b		AI (200 per month); QL (200 syringes per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	T1b		AI (200 per month); QL (200 pen needles per 30 Days)
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM , 31G X 6 MM	T1b		AI (200 per month); QL (200 pen needles per 1 Month)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Ultra Comfort Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM , 32G X 6 MM , 32G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>) 33G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE (<i>Easy Comfort Pen Needles</i>) 33G X 5 MM , 33G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
<i>ra insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>ra pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>reality insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
RELION INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>TechLITE Insulin Syringe</i>) 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>Meijer Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
RELION PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
RELION SHORT PEN NEEDLES (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>safety pen needles 30g x 5 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>sb insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (<i>Sure Comfort Pen Needles</i>) 30G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
SECURESAFE SAFETY PEN NEEDLES 31G X 5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
<i>sure comfort insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>sure comfort pen needles 31g x 6 mm , 31g x 8 mm , 32g x 4 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>techlite insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
TECHLITE PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TECHLITE PLUS PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>today's health pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>today's health short pen needle</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>topcare clickfine pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>topcare ultra comfort ins syr</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
TOPFINE INSULIN PEN NEEDLE (<i>Ultra Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort insulin syringe 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)

Drug Name	Brand	Generic	Additional Information
<i>true comfort insulin syringe 32g x 5/16" 1 ml</i>		T1b	AI (204 per month); QL (200 syringes per 30 days)
<i>true comfort pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort pro insulin syr 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml, 32g x 5/16" 0.5 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>true comfort pro pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>true comfort safety pen needle 31g x 5 mm , 32g x 4 mm</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS INSULIN SYRINGE (Insulin Syringe)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES (Meijer Pen Needles) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS PEN NEEDLES (Pen Needles 5/16") 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
TRUEPLUS PEN NEEDLES (Insupen Pen Needles) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE INSULIN SAFETY SYR (Insulin Syringe)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT	T1b		
ULTICARE INSULIN SYRINGE (Insulin Syringe)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (Insupen Pen Needles)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE MINI PEN NEEDLES (Meijer Pen Needles)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE PEN NEEDLES (Sure Comfort Pen Needles) 29G X 12.7MM	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTICARE PEN NEEDLES (Sure Comfort Pen Needles) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTICARE SHORT PEN NEEDLES (Pen Needles 5/16")	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (Sure Comfort Pen Needles) 29G X 12.7MM	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (Sure Comfort Pen Needles) 31G X 5 MM , 32G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
ULTIGUARD SAFEPAK PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 29G X 12.7MM	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTILET PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTILET PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>ultra comfort insulin syringe 30g x 5/16" 0.3 ml</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>Kroger Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>Sure Comfort Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>Kroger Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>ultracare insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>ultracare pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>Insulin Syringe-Needle U-100</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
ULTRA-THIN II PEN NEEDLES (<i>Sure Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
UNIFINE OTC PEN NEEDLES (<i>Ultra Comfort Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PENTIPS (<i>Pen Needles 5/16"</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PENTIPS PLUS (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE PROTECT PEN NEEDLE (<i>Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)

Drug Name	Brand	Generic	Additional Information
UNIFINE SAFECONTROL PEN NEEDLE (<i>Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Kroger Pen Needles</i>) 29G X 12MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Sure Comfort Pen Needles</i>) 31G X 5 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Meijer Pen Needles</i>) 31G X 6 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Pen Needles 5/16"</i>) 31G X 8 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>Insupen Pen Needles</i>) 32G X 4 MM	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 32G X 6 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
UNIFINE ULTRA PEN NEEDLE 34G X 3.5 MM	T1b		AI (200 per month); QL (200 pen needles per 30 days)
<i>value health insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE (<i>Insulin Syringe</i>)	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
VERIFINE INSULIN SYRINGE (<i>Insulin Syringe-Needle U-100</i>) 28G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE (<i>Insulin Syringe</i>) 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	T1b	T1b	AI (200 per month); QL (200 syringes per 30 days)
VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML	T1b		AI (200 per month); QL (200 ayringes per 30 days)
VERIFINE PLUS PEN NEEDLE (<i>Insupen Pen Needles</i>)	T1b	T1b	AI (200 per month); QL (200 pen needles per 30 days)
VERISAFE SAFETY INSULIN SYR	T1b		AI (200 per month); QL (200 syringes per 30 days)
<i>vp insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>wegmans unifine pentips plus</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
<i>zevrx insulin syringe</i>		T1b	AI (200 per month); QL (200 syringes per 30 days)
<i>zevrx pen needles</i>		T1b	AI (200 per month); QL (200 pen needles per 30 days)
*Spacer/Aerosol-Holding Chambers & Supplies***			
AEROCHAMBER HOLDING CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER MINI CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER MV (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)

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Drug Name	Brand	Generic	Additional Information
AEROCHAMBER PLS FLOVU MTHPIECE (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU INTERM (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU LARGE (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU MEDIUM (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU SMALL (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLO-VU W/MASK (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER PLUS FLOW VU (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER W/FLOWSIGNAL (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS CHAMBR (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/LARGE (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/MEDIUM (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
AEROCHAMBER Z-STAT PLUS/SMALL (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
AEROCHAMBER2GO ANTI-STATIC	T1b		AI (2 per year); QL (2 apacers per 1 Year)
AEROVENT PLUS (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
CLEVER CHOICE HOLDING CHAMBER (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/LG MASK (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/MED MASK (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
COMPACT SPACE CHAMBER/SM MASK (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK LARGE (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
EASIVENT MASK MEDIUM (ProChamber VHC)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)

Drug Name	Brand	Generic	Additional Information
EASIVENT MASK SMALL (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
<i>eq space chamber anti-static</i>		T1b	
<i>eq space chamber anti-static l</i>		T1b	
<i>eq space chamber anti-static m</i>		T1b	
<i>eq space chamber anti-static s</i>		T1b	
FLEXICHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
FLEXICHAMBER ADULT MASK/SMALL	T1b		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/LARGE	T1b		AI (2 per year); QL (2 spacers per 1 Year)
FLEXICHAMBER CHILD MASK/SMALL	T1b		AI (2 per year); QL (2 spacers per 1 Year)
INSPIREASE	T1b		AI (2 per year); QL (2 spacers per 2 Years)
INSPIREASE RESERVOIR BAGS	T1b		AI (2 per year); QL (2 boxes per 1 Year)
MICROSPACER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-LG MASK (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-MD MASK (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
OPTICHAMBER DIAMOND-SM MASK (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
POCKET CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
POCKET SPACER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
RITEFLO (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
VORTEX VALVE CHAMBER-PEDI MASK (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 Year)
VORTEX VALVED HOLDING CHAMBER (<i>ProChamber VHC</i>)	T1b	T1b	AI (2 per year); QL (2 spacers per 1 year)
Migraine Products			
*Calcitonin Gene-Related Peptide Receptor Antag (Cgrp)***			
NURTEC	T2		PA
QULIPTA	T3		PA
UBRELVY	T3		PA; AI (16 tablets per 30 days); QL (16 tablets per 30 days)

Drug Name	Brand	Generic	Additional Information
*Cgrp Receptor Antagonists - Monocolonal Antibodies***			
AIMOVIG	SP		PA
AJOVY	SP		PA; AI (0.05ml per day); QL (0.05 ML per 1 day)
EMGALITY	SP		PA
EMGALITY (300 MG DOSE)	SP		PA
*Ergot Combinations***			
MIGERGOT	T3		
*Migraine Products***			
<i>dihydroergotamine mesylate injection</i>		SP	PA; SP; AI (30 day supply max)
<i>dihydroergotamine mesylate nasal</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
ERGOMAR	T3		AI (20 tablets per month); QL (20 tablets per 1 Month)
*Selective Serotonin Agonists 5-Ht(1)***			
<i>almotriptan malate</i>		T3	AI (25 tablets per 30 days); QL (25 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet 20 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>eletriptan hydrobromide oral tablet 40 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>frovatriptan succinate</i>		T1b	AI (20 tablets per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan); QL (20 tablets per 1 Month)
<i>naratriptan hcl oral tablet 1 mg</i>		T1b	AI (5 tablets per day); QL (5 tablets per 1 day); AG (Min 16 Years)
<i>naratriptan hcl oral tablet 2.5 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 16 Years)
<i>rizatriptan benzoate oral tablet 10 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>sumatriptan nasal solution 20 mg/act</i>		T1b	AI (6 inhalers per month); QL (6 inhalers per 30 days)
<i>sumatriptan nasal solution 5 mg/act</i>		T1b	AI (12 inhalers per month); QL (12 inhalers per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>		T1b	AI (10 tablets per month); QL (10 tablets per 1 month)

Drug Name	Brand	Generic	Additional Information
<i>sumatriptan succinate oral tablet 25 mg</i>		T1b	AI (40 tablets per month); QL (40 tablets per 1 month)
<i>sumatriptan succinate oral tablet 50 mg</i>		T1b	AI (20 tablets per month); QL (20 tablets per 1 month)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>		T1b	AI (10 cartridges per month); QL (10 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>		T1b	AI (10 vials per month); QL (10 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>		T1b	AI (20 syringes per month); QL (10 ML per 30 days)
<i>zolmitriptan nasal solution 5 mg</i>		T3	AI (1 box of 6 per 30 days); QL (6 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>		T1b	AI (4 tablets per day, max 10 day supply an 1 fill per month); QL (4 tablets per 1 day)
<i>zolmitriptan oral tablet 5 mg</i>		T1b	AI (2 tablets per day, max 10 day supply an 1 fill per month); QL (2 tablets per 1 day)
<i>zolmitriptan oral tablet dispersible 2.5 mg</i>		T1b	AI (4 tablets per day, max 10 day supply and 1 fill per month); QL (4 tablets per 1 day)
<i>zolmitriptan oral tablet dispersible 5 mg</i>		T1b	AI (2 tablets per day, max 10 day supply and 1 fill per month); QL (2 tablets per 1 day)
Minerals & Electrolytes			
*Fluoride***			
NAFRINSE (Sodium Fluoride)	\$0	\$0	AG (Max 6 Years)
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet</i>		\$0	AG (Max 6 Years)
<i>sodium fluoride oral tablet chewable</i>		\$0	AG (Max 6 Years)
*Magnesium***			
<i>magnesium sulfate injection solution 50 %</i>		MB	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>		MB	
*Potassium Combinations***			
EFFER-K ORAL TABLET EFFERVESCENT 20 MEQ	T2		
*Potassium***			
KLOR-CON 10 (Potassium Chloride ER)	T1b	T1b	
KLOR-CON M10 (Potassium Chloride Crys ER)	T1b	T1b	
KLOR-CON M15 (Potassium Chloride Crys ER)	T1b	T1b	
KLOR-CON M20 (Potassium Chloride Crys ER)	T1b	T1b	
KLOR-CON ORAL PACKET (Potassium Chloride) 20 MEQ	T1b	T1b	
KLOR-CON ORAL TABLET EXTENDED RELEASE (Potassium Chloride ER)	T1b	T1b	
<i>potassium acetate intravenous solution 2 meq/ml</i>		MB	

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Drug Name	Brand	Generic	Additional Information
<i>potassium chloride er oral capsule extended release</i>		T1b	
<i>potassium chloride er oral tablet extended release 20 meq</i>		T3	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>		T1b	
Miscellaneous Therapeutic Classes			
*Antileptics***			
THALOMID	T1b		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Chelating Agents***			
<i>penicillamine oral tablet</i>		T3	
<i>trientine hcl oral capsule 500 mg</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Cyclosporine Analogs***			
<i>cyclosporine oral capsule</i>		SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL CAPSULE (<i>cycloSPORINE Modified</i>) 100 MG, 25 MG	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
GENGRAF ORAL SOLUTION (<i>CycloSPORINE Modified</i>)	SP	SP	SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
SANDIMMUNE ORAL SOLUTION	SP		SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Immunomodulators For Myelodysplastic Syndromes***			
<i>lenalidomide</i>		T1b	PA; SP; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day); AG (Min 18 Years)
*Inosine Monophosphate Dehydrogenase Inhibitors***			
<i>mycophenolate mofetil oral</i>		T1b	
<i>mycophenolate sodium oral tablet delayed release 180 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>mycophenolic acid oral tablet delayed release 180 mg</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>mycophenolic acid oral tablet delayed release 360 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
*Macrolide Immunosuppressants***			
ASTAGRAF XL (<i>Tacrolimus ER</i>)	T3	T3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>		SP	SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day)
PROGRAF ORAL (<i>Tacrolimus</i>)	T3	T1b	
<i>sirolimus oral solution</i>		T3	
<i>sirolimus oral tablet</i>		T1b	
*Potassium Removing Agents***			
KIONEX COMBINATION (<i>Sodium Polystyrene Sulfonate</i>)	T1b	T1b	
KIONEX ORAL SUSPENSION	T1b		
LOKELMA	T3		AI (1 packet per day); QL (1 packet per 1 day); AG (Min 18 Years)
<i>sodium polystyrene sulfonate oral powder</i>		T1b	
SPS (SODIUM POLYSTYRENE SULF)	T1b		
VELTASSA	T3		PA
*Purine Analogs***			
<i>azathioprine oral tablet 50 mg</i>		T1b	
Mouth/Throat/Dental Agents			
*Anesthetics Topical Oral***			
<i>lidocaine viscous hcl</i>		T1b	AI (100ml per 10 days); QL (100 ML per 10 days)
*Anti-Infectives - Throat***			
<i>clotrimazole mouth/throat troche</i>		T1b	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>		T1b	
*Antiseptics - Mouth/Throat***			
PERIOGARD (<i>Chlorhexidine Gluconate</i>)	T1b	T1b	
*Fluoride Dental Products***			
NAFRINSE DAILY/NEUTRAL	\$0		AG (Max 6 Years)
NAFRINSE WEEKLY	\$0		AG (Max 6 Years)
*Saliva Stimulants***			
<i>cevimeline hcl</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day)
<i>pilocarpine hcl oral</i>		T1b	
*Steroids - Mouth/Throat/Dental***			
KOURZEQ (<i>Triamcinolone Acetonide</i>)	T1b	T1b	
ORALONE (<i>Triamcinolone Acetonide</i>)	T1b	T1b	

Drug Name	Brand	Generic	Additional Information
Multivitamins			
*Prenatal Mv & Min W/Fe-Fa***			
ATABEX EC	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
ATABEX OB	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>completenate</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE 85-1 MG	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
INATAL GT	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
MATRIAPRO	T1b		QL (1 tablet per 1 day)
OBSTETRIX EC (WITH DOCUSATE)	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>pnv prenatal plus multivit+dha</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet 29-1 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>prenatal 19 oral tablet chewable</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
PRENATAL-U	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
<i>thrivite rx</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
TRINATE	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
VINATE II	T1b		AI (1 tablet per day); QL (1 tablet per 1 day)
*Prenatal Mv & Min W/Fe-Fa-Ca-Omega 3 Fish Oil***			
<i>complete natal dha oral 29-1-200 & 200 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>wesnatal dha complete</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
Musculoskeletal Therapy Agents			
*Central Muscle Relaxants***			
<i>baclofen oral tablet 10 mg, 20 mg</i>		T1b	
<i>carisoprodol oral tablet 350 mg</i>		T1b	AI (Max #84 per 21 days); QL (84 tablets per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day); AG (Min 18 Years)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>		T2	
<i>metaxalone oral tablet 800 mg</i>		T2	AI (4 tablets per day); QL (4 tablets per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>		T1b	
<i>orphenadrine citrate er</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>tizanidine hcl oral capsule 2 mg</i>		T1b	AI (18 tablets per day); QL (18 tablets per 1 day)
<i>tizanidine hcl oral capsule 4 mg, 6 mg</i>		T1b	AI (9 tablets per day); QL (9 tablets per 1 day)
<i>tizanidine hcl oral tablet 2 mg</i>		T1b	AI (18 tablets per day); QL (18 tablets per 1 day)
<i>tizanidine hcl oral tablet 4 mg</i>		T1b	AI (9 tablets per day); QL (9 tablets per 1 day)
*Direct Muscle Relaxants***			
<i>dantrolene sodium oral</i>		T2	
*Muscle Relaxant Combinations***			
<i>carisoprodol-aspirin-codeine</i>		T3	AI (Quantity limit of 2 per day, up to a 10 day supply, with a fill limit of 1 fill per 30 days); QL (2 tablets per 1 day)
Nasal Agents - Systemic And Topical			
*Antihistamine-Steroid***			
<i>azelastine-fluticasone</i>		T3	AI (1x 23gm bottle per month); QL (1 bottle per 1 Month)
*Nasal Anticholinergics***			
<i>ipratropium bromide nasal solution 0.03 %</i>		T1b	AI (3 bottles per month); QL (1.5 tablet per 1 day)
<i>ipratropium bromide nasal solution 0.06 %</i>		T1b	AI (3 bottles per month); QL (1.5 tablets per 1 day)
*Nasal Antihistamines***			
<i>olopatadine hcl nasal</i>		T1b	AI (1x 30.5gm bottle per month); QL (30.5 bottle per 1 Month); AG (Min 6 Years)
*Nasal Steroids***			
BECONASE AQ	T3		AI (1 inhaler per month); QL (25 inhaler per 1 Copay)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>		T1b	AI (1x 25ml bottle per month); QL (25 ML per 30 days)
ZETONNA	T3		AI (1 inhaler per month); QL (6.1 inhaler per 1 Month); AG (Min 12 Years)
Neuromuscular Agents			
*Benzathiazoles***			
<i>riluzole</i>		T1b	
*Nondepolarizing Muscle Relaxants***			
<i>atracurium besylate intravenous solution 50 mg/5ml</i>		MB	
Ophthalmic Agents			
*Alpha Adrenergic Agonist & Carbonic Anhydrase Inhib Comb***			
SIMBRINZA	T3		

Drug Name	Brand	Generic	Additional Information
*Beta-Blockers - Ophthalmic Combinations***			
<i>brimonidine tartrate-timolol</i>		T2	
<i>dorzolamide hcl-timolol mal</i>		T1b	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>		T1b	PA
*Beta-Blockers - Ophthalmic***			
<i>carteolol hcl</i>		T1b	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>		T1b	
<i>timolol maleate ophthalmic gel forming solution</i>		T3	
<i>timolol maleate ophthalmic solution</i>		T1b	
*Cycloplegic Mydriatics***			
<i>cyclopentolate hcl ophthalmic solution 0.5 %</i>		T2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>		T1b	
ISOPTO ATROPINE (Atropine Sulfate)	T2	T2	
<i>tropicamide ophthalmic</i>		T3	
*Miotic Combinations***			
YUVEZZI	T3		QL (1 EA per 1 day)
*Miotics - Direct Acting***			
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %</i>		T1b	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>		T2	AI (1x 2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
*Ophthalmic Antiallergic***			
ALOMIDE	T3		
<i>azelastine hcl ophthalmic</i>		T2	AI (1x 6ml bottle per month); QL (6 ML per 1 Month)
<i>bepotastine besilate</i>		T3	AI (1x 5ml bottle per 30 days); QL (5 ML per 30 days)
<i>cromolyn sodium ophthalmic</i>		T2	
<i>epinastine hcl</i>		T2	
*Ophthalmic Antibiotics***			
<i>bacitracin ophthalmic</i>		T3	
BESIVANCE (Besifloxacin HCl)	T3	T3	
CILOXAN OPHTHALMIC OINTMENT	T3		
<i>ciprofloxacin hcl ophthalmic</i>		T1b	
<i>erythromycin ophthalmic</i>		T1b	
<i>gatifloxacin ophthalmic</i>		T1b	
GENTAK OPHTHALMIC OINTMENT	T3		
<i>gentamicin sulfate ophthalmic solution</i>		T1b	
<i>moxifloxacin hcl (2x day)</i>		T3	
<i>moxifloxacin hcl ophthalmic solution</i>		T1b	
<i>ofloxacin ophthalmic</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Ophthalmic Antifungal***			
NATACYN	T3		
*Ophthalmic Anti-Infective Combinations***			
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>		T1b	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>		T3	
NEO-POLYCIN (Neomycin-Bacitracin Zn-Polymyx)	T1b	T1b	
POLYCIN (AK-Poly-Bac)	T1b	T1b	
<i>polymyxin b-trimethoprim</i>		T1b	
*Ophthalmic Antivirals***			
<i>trifluridine ophthalmic</i>		T3	
ZIRGAN	T2		
*Ophthalmic Carbonic Anhydrase Inhibitors***			
<i>brinzolamide</i>		T3	
<i>dorzolamide hcl ophthalmic</i>		T1b	
*Ophthalmic Immunomodulators***			
<i>cyclosporine (pf)</i>		T3	AI (2 vials per day); QL (2 vials per 1 day)
*Ophthalmic Local Anesthetics***			
<i>proparacaine hcl ophthalmic</i>		T1b	
*Ophthalmic Nonsteroidal Anti-Inflammatory Agents***			
<i>bromfenac sodium (once-daily)</i>		T2	
<i>diclofenac sodium ophthalmic</i>		T1b	
<i>flurbiprofen sodium</i>		T1b	
<i>ketorolac tromethamine ophthalmic</i>		T1b	
*Ophthalmic Rho Kinase Inhibitors***			
RHOPRESSA	T3		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
*Ophthalmic Selective Alpha Adrenergic Agonists***			
<i>apraclonidine hcl</i>		T3	
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>		T2	AI (2x 5ml bottles per month); QL (2 bottles per 1 Month)
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>		T1b	
*Ophthalmic Steroid Combinations***			
<i>bacitra-neomycin-polymyxin-hc</i>		T1b	
BLEPHAMIDE S.O.P.	T3		
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>		T1b	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>		T1b	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>		T3	

Drug Name	Brand	Generic	Additional Information
PRED-G	T3		
PRED-G S.O.P.	T3		
<i>sulfacetamide-prednisolone ophthalmic solution</i>		T3	
TOBRADEX OPHTHALMIC OINTMENT	T2		
TOBRADEX ST	T2		
<i>tobramycin-dexamethasone</i>		T1b	
*Ophthalmic Steroids***			
<i>dexamethasone sodium phosphate ophthalmic</i>		T3	
<i>difluprednate</i>		T3	
FLAREX	T3		
<i>fluorometholone ophthalmic</i>		T1b	
FML	T3		
FML FORTE	T3		
<i>loteprednol etabonate ophthalmic gel</i>		T3	
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>		T3	
MAXIDEX	T3		
PRED MILD	T3		
<i>prednisolone acetate ophthalmic</i>		T1b	
<i>prednisolone acetate p-f</i>		T1b	
<i>prednisolone sodium phosphate ophthalmic</i>		T3	
*Ophthalmic Sulfonamides***			
<i>sulfacetamide sodium ophthalmic ointment</i>		T3	
<i>sulfacetamide sodium ophthalmic solution</i>		T1b	
*Ophthalmics - Cystinosis Agents**			
CYSTARAN	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ophthalmics - Ep2 Receptor Agonists***			
OMLONTI	T3		AI (2.5ml bottle per month); QL (2.5 ML per 30 days); AG (Min 18 Years)
*Prostaglandins - Ophthalmic***			
<i>bimatoprost ophthalmic solution 0.03 %</i>		T2	AI (1 x 5ml bottle per month); QL (5 ML per 1 Month)
<i>latanoprost ophthalmic</i>		T1b	AI (2x 2.5ml bottles per 25 days); QL (5 ML per 25 days)
LUMIGAN OPHTHALMIC SOLUTION (Bimatoprost) 0.01 %	T2	T2	ST (Step Therapy required: 60 days in the last 6 months - bimatoprost 0.03%)
<i>tafluprost (pf)</i>		T3	
<i>travoprost (bak free)</i>		T2	
Otic Agents			
*Otic Agents - Miscellaneous***			
<i>acetic acid otic</i>		T1b	

Drug Name	Brand	Generic	Additional Information
*Otic Anti-Infectives***			
<i>ciprofloxacin hcl otic</i>		T2	AI (1x 14ml bottle per 7 days); QL (14 ML per 7 days)
<i>ofloxacin otic</i>		T1b	
*Otic Steroid-Anti-Infective Combinations***			
CIPRO HC (<i>Ciprofloxacin-Hydrocortisone</i>)	T2	T2	
<i>ciprofloxacin-dexamethasone</i>		T2	AI (1x 7.5ml bottle per month); QL (7.5 ML per 30 days)
<i>neomycin-polymyxin-hc otic solution 3.5-10000-1</i>		T1b	
<i>neomycin-polymyxin-hc otic suspension</i>		T1b	
OTOVEL (<i>Ciprofloxacin-Fluocinolone PF</i>)	T3	T3	
*Otic Steroids***			
ACETASOL HC (<i>Hydrocortisone-Acetic Acid</i>)	T3	T2	AI (1x 10ml bottle per month); QL (10 ML per 1 Month)
FLAC (<i>Fluocinolone Acetonide</i>)	T1b	T1b	AI (2x 20ml bottles per month); QL (2 bottles per 1 Month)
Oxytocics			
*Oxytocics***			
METHERGINE ORAL (<i>Methylergonovine Maleate</i>)	T1b	T1b	
<i>oxytocin +rfid</i>		MB	
PITOCIN (<i>Oxytocin</i>)	MB	MB	
Passive Immunizing And Treatment Agents			
*Passive Immunizing Agents - Combinations***			
HYQVIA	MB		
Penicillins			
*Aminopenicillins***			
<i>amoxicillin oral capsule</i>		T1a	
<i>amoxicillin oral suspension reconstituted</i>		T1a	
<i>amoxicillin oral tablet</i>		T1b	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>		T1b	AI (60 tabs per 10 days); QL (60 tabs per 10 days)
<i>amoxicillin trihydrate oral</i>		T1a	
<i>ampicillin oral capsule 500 mg</i>		T1b	
*Natural Penicillins***			
<i>penicillin v potassium oral solution reconstituted</i>		T3	
<i>penicillin v potassium oral tablet</i>		T1a	
*Penicillin Combinations***			
<i>amoxicillin-pot clavulanate er</i>		T3	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml</i>		T1a	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml, 600-42.9 mg/5ml</i>		T1b	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>		T1b	

Drug Name	Brand	Generic	Additional Information
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>		T1a	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>		T3	
*Penicillinase-Resistant Penicillins***			
<i>dicloxacillin sodium</i>		T1b	
Progestins			
*Progestins***			
GALLIFREY (Norethindrone Acetate)	T1b	T1b	
<i>medroxyprogesterone acetate oral tablet 10 mg</i>		T2	F
<i>medroxyprogesterone acetate oral tablet 2.5 mg, 5 mg</i>		T1b	F
<i>megestrol acetate oral suspension 625 mg/5ml</i>		T3	AI (5ml per day); QL (5 ML per 1 day)
<i>progesterone intramuscular</i>		T3	F
<i>progesterone oral</i>		T1b	F
Psychotherapeutic And Neurological Agents - Misc.			
*Agents For Opioid Withdrawal***			
<i>lofexidine hcl</i>		T3	PA; AI (224 tablets per 14 days); QL (224 tablets per 14 days)
*Alcohol Deterrents***			
<i>acamprosate calcium</i>		T1b	AI (6 tablets per day); QL (6 tablets per 1 day)
<i>disulfiram oral tablet 250 mg</i>		T1b	
<i>disulfiram oral tablet 500 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
*Anti-Cataleptic Agents***			
<i>sodium oxybate</i>		SP	PA; SP; AI (18ml per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (18 ML per 1 day); AG (Min 18 Years and Max 65 Years)
*Benzodiazepines & Tricyclic Agents***			
<i>chlordiazepoxide-amitriptyline oral tablet 5-12.5 mg</i>		T2	
*Cholinomimetics - Ache Inhibitors***			
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 23 mg</i>		T1b	
<i>donepezil hcl oral tablet dispersible</i>		T1b	
<i>galantamine hydrobromide er</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
<i>galantamine hydrobromide oral solution</i>		T3	
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)

Drug Name	Brand	Generic	Additional Information
<i>galantamine hydrobromide oral tablet 4 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>rivastigmine tartrate oral capsule 3 mg</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 Copay)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>		T2	AI (1 patch per day); QL (1 patch per 1 day); AG (Min 18 Years)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>		T2	AI (1 tablet per day); QL (1 patch per 1 day); AG (Min 18 Years)
*Fibromyalgia Agent - Snris***			
SAVELLA (<i>Milnacipran HCl</i>)	T3	T3	
SAVELLA TITRATION PACK (<i>Milnacipran HCl</i>)	T3	T3	
*Movement Disorder Drug Therapy***			
<i>tetrabenazine</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Ms Agents - Pyrimidine Synthesis Inhibitors***			
<i>teriflunomide</i>		SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Interferons***			
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)

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Drug Name	Brand	Generic	Additional Information
*Multiple Sclerosis Agents - Monoclonal Antibodies***			
KESIMPTA	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Nrf2 Pathway Activators***			
<i>dimethyl fumarate capsule delayed release 120 mg oral</i>		SP	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>		SP	SP; AI (2 capsules per day Only Civica NDCs 82249074514, 82249074760 are covered @ Sort Pak. Call 877-570-7787); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate capsule delayed release 240 mg oral</i>		SP	SP; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>		SP	PA; SP; AI (Only Civica NDCs 82249074514, 82249074760 are covered @ Sort Pak. Call 877-570-7787); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>		SP	PA; SP; AI (2 capsules per day Only Civica NDCs 82249074514, 82249074760 are covered @ Sort Pak. Call 877-570-7787); QL (2 capsules per 1 day); AG (Min 18 Years)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>		SP	PA; AI (2 capsules per day); QL (2 capsules per 1 day); AG (Min 18 Years)
VUMERITY	SP		PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Multiple Sclerosis Agents - Potassium Channel Blockers***			
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>		SP	PA; SP; AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); Notes (Only Civica NDC 82249070260 is covered @ Sort Pak with no PA. Call 877-570-7787.); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
<i>dalfampridine er tablet extended release 12 hour 10 mg oral</i>		SP	AI (2 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (2 tablets per 1 day); AG (Min 18 Years)
*Multiple Sclerosis Agents***			
GLATOPA (<i>Glatiramer Acetate</i>)	SP	SP	PA; SP; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*N-Methyl-D-Aspartate (Nmda) Receptor Antagonists***			
<i>memantine hcl er</i>		T2	
<i>memantine hcl oral solution 2 mg/ml</i>		T1b	AI (1x 360ml bottle per month); QL (360 ML per 30 days); AG (Min 12 Years)
<i>memantine hcl oral tablet 10 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 12 Years)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>		T1b	
<i>memantine hcl oral tablet 5 mg</i>		T1b	AI (3 tablets per day); QL (3 tablets per 1 day); AG (Min 12 Years)
*Phenothiazines & Tricyclic Agents***			
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg</i>		T2	
*Psychotherapeutic And Neurological Agents - Misc.***			
<i>ergoloid mesylates oral</i>		T1b	PA
<i>pimozide</i>		T2	
*Smoking Deterrents***			
<i>apo-varenicline</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>bupropion hcl er (smoking det)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>cvs nicotine</i>		\$0	AG (Min 18 Years)
<i>cvs nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat gum 4 mg</i>		\$0	AG (Min 18 Years)
<i>eq nicotine mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>eq nicotine step 3</i>		\$0	AG (Min 18 Years)
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>eq nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ft nicotine</i>		\$0	AG (Min 18 Years)
<i>ft nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine</i>		\$0	AG (Min 18 Years)

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Drug Name	Brand	Generic	Additional Information
<i>gnp nicotine mini</i>		\$0	AG (Min 18 Years)
<i>gnp nicotine polacrilex</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine</i>		\$0	AG (Min 18 Years)
<i>goodsense nicotine policrilex</i>		\$0	AG (Min 18 Years)
HABITROL (Nicotine)	\$0	\$0	AG (Min 18 Years)
<i>hm nicotine</i>		\$0	AG (Min 18 Years)
<i>hm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
KLS QUIT2 (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
KLS QUIT4 (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
NICORELIEF MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
NICORETTE MOUTH/THROAT GUM (Nicotine Polacrilex)	\$0	\$0	AG (Min 18 Years)
NICORETTE STARTER KIT MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>nicotine</i>		\$0	AG (Min 18 Years)
<i>nicotine mini</i>		\$0	AG (Min 18 Years)
<i>nicotine polacrilex mini</i>		\$0	AG (Min 18 Years)
<i>nicotine step 1</i>		\$0	AG (Min 18 Years)
<i>nicotine step 2</i>		\$0	AG (Min 18 Years)
<i>nicotine step 3</i>		\$0	AG (Min 18 Years)
NICOTROL	\$0		AG (Min 18 Years)
NICOTROL NS	\$0		AI (12x 10ml bottles per month); QL (4 ML per 1 day); AG (Min 18 Years)
<i>px stop smoking aid</i>		\$0	AG (Min 18 Years)
<i>qc nicotine transdermal system</i>		\$0	AG (Min 18 Years)
<i>ra mini nicotine</i>		\$0	AG (Min 18 Years)
<i>ra nicotine gum mouth/throat gum 2 mg, 4 mg</i>		\$0	AG (Min 18 Years)
<i>ra nicotine mouth/throat</i>		\$0	AG (Min 18 Years)
<i>ra nicotine polacrilex mouth/throat lozenge</i>		\$0	AG (Min 18 Years)
<i>ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>		\$0	AG (Min 18 Years)
<i>sm nicotine</i>		\$0	AG (Min 18 Years)
<i>sm nicotine polacrilex</i>		\$0	AG (Min 18 Years)
THRIVE MOUTH/THROAT GUM (Nicotine Polacrilex) 2 MG	\$0	\$0	AG (Min 18 Years)
<i>varenicline tartrate (starter)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)
<i>varenicline tartrate(continue)</i>		\$0	AI (2 tablets per day); QL (2 tablets per 1 day); AG (Min 18 Years)

Drug Name	Brand	Generic	Additional Information
*Sphingosine 1-Phosphate (S1p) Receptor Modulators***			
<i>fingolimod hcl capsule 0.5 mg oral</i>		T1b	AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day)
<i>fingolimod hcl oral capsule 0.5 mg</i>		T1b	PA; AI (1 capsule per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (1 capsule per 1 day); AG (Min 10 Years)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	SP		PA; AI (Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max)
*Thienbenzodiazepines & SsrIs***			
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-50 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 6-25 mg</i>		T3	AI (3 capsules per day); QL (3 capsules per 1 day)
*Vasomotor Symptom Agents - SsrIs***			
<i>paroxetine mesylate</i>		T3	
Respiratory Agents - Misc.			
*Pulmonary Fibrosis Agents***			
<i>pirfenidone oral capsule</i>		SP	PA; SP; AI (9 capsules per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 capsules per 1 day)
<i>pirfenidone oral tablet 267 mg</i>		SP	PA; SP; AI (9 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (9 tablets per 1 day)
<i>pirfenidone oral tablet 801 mg</i>		SP	PA; SP; AI (3 tablets per day Optum Specialty Pharmacy is preferred pharmacy - some medications may be available at Retail, 30 day supply max); QL (3 tablets per 1 day)
Sulfonamides			
*Sulfonamides***			
<i>sulfadiazine oral</i>		T3	

Drug Name	Brand	Generic	Additional Information
Tetracyclines			
*Tetracyclines***			
<i>demeclocycline hcl oral</i>		T3	
<i>doxycycline hyclate oral capsule 100 mg</i>		T1a	
<i>doxycycline hyclate oral capsule 50 mg</i>		T1b	
<i>doxycycline hyclate oral tablet 100 mg</i>		T2	
<i>doxycycline hyclate oral tablet 20 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release 100 mg</i>		T1b	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline hyclate oral tablet delayed release 75 mg</i>		T2	AI (2 tablets per day); QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral capsule 50 mg</i>		T2	
<i>doxycycline monohydrate oral suspension reconstituted</i>		T1b	
<i>doxycycline monohydrate oral tablet 100 mg</i>		T2	
<i>doxycycline monohydrate oral tablet 50 mg, 75 mg</i>		T1b	
<i>minocycline hcl oral capsule</i>		T1b	
<i>minocycline hcl oral tablet</i>		T3	
MONDOXYNE NL ORAL CAPSULE (Doxycycline Monohydrate) 100 MG	T1b	T1b	
<i>tetracycline hcl oral capsule</i>		T1b	
VIBRAMYCIN ORAL SYRUP	T3		
Thyroid Agents			
*Antithyroid Agents***			
<i>methimazole oral</i>		T1b	
<i>propylthiouracil oral</i>		T1b	
*Thyroid Hormones***			
EUTHYROX (Levothyroxine Sodium)	T1b	T1b	
LEVO-T (Levothyroxine Sodium)	T1b	T1b	
LEVOXYL (Levothyroxine Sodium)	T1b	T1b	
LIOMNY (Liothyronine Sodium)	T1b	T1b	
SYNTHROID (Levothyroxine Sodium)	T2	T1b	
TIROSINT (Levothyroxine Sodium)	T3	T3	
UNITHROID ORAL TABLET (Levothyroxine Sodium) 100 MCG, 112 MCG, 125 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T1b	T1b	
UNITHROID ORAL TABLET (Levothyroxine Sodium) 150 MCG	T2	T1b	
Toxoids			
*Toxoid Combinations***			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 day)

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Drug Name	Brand	Generic	Additional Information
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
<i>diphtheria-tetanus toxoids dt</i>		\$0	AI (3 doses (1.5ml) per year)
INFANRIX	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year)
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 Year); AG (Max 6 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
QUADRACEL INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (.5ml) per lifetime); QL (1 dose per 1 lifetime); AG (Min 4 Years and Max 6 Years)
TDVAX	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 year)
TENIVAC INTRAMUSCULAR SUSPENSION	\$0		AI (3 doses (1.5ml) per year); QL (3 doses per 1 year)
VAXELIS	\$0		AG (Max 5 Years)
Ulcer Drugs/Antispasmodics/Anticholinergics			
*Anticholinergic Combinations***			
<i>chlordiazepoxide-clidinium</i>		T1b	
*Antispasmodics***			
<i>dicyclomine hcl oral capsule</i>		T1b	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>		T1b	
<i>dicyclomine hcl oral tablet 20 mg</i>		T1b	
*H-2 Antagonists***			
<i>cimetidine hcl oral solution 300 mg/5ml</i>		T3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>		T1b	
<i>famotidine oral suspension reconstituted</i>		T1b	
<i>nizatidine oral capsule 150 mg</i>		T3	AI (2 capsules per day); QL (2 capsules per 1 day)
<i>nizatidine oral capsule 300 mg</i>		T3	AI (1 capsule per day); QL (1 capsule per 1 day)
*Misc. Anti-Ulcer***			
<i>sucralfate oral tablet</i>		T1b	
*Proton Pump Inhibitors***			
<i>esomeprazole magnesium oral capsule delayed release</i>		T1b	AI (2 capsules per day); QL (2 capsules per 1 day)
FIRST-LANSOPRAZOLE	T2		
FIRST-OMEPRAZOLE	T2		
<i>lansoprazole oral capsule delayed release</i>		T1b	
<i>lansoprazole oral tablet delayed release dispersible 15 mg</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>omeprazole oral capsule delayed release</i>		T1b	

Drug Name	Brand	Generic	Additional Information
OMEPRazole+SYRSPEND SF ALKA	T2		
<i>pantoprazole sodium oral tablet delayed release</i>		T1b	
<i>rabeprazole sodium oral tablet delayed release</i>		T1b	
*Quaternary Anticholinergics***			
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>		T1b	
<i>methscopolamine bromide oral tablet 2.5 mg</i>		T1b	AI (8 tablets per day); QL (8 tablets per 1 day)
<i>methscopolamine bromide oral tablet 5 mg</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
*Ulcer Drugs - Prostaglandins***			
<i>misoprostol oral</i>		T1b	AI (4 tablets per day); QL (4 tablets per 1 day)
Urinary Antispasmodics			
*Urinary Antispasmodic - Antimuscarinic (Anticholinergic)***			
<i>darifenacin hydrobromide er</i>		T2	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>fesoterodine fumarate er</i>		T3	PA; AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>oxybutynin chloride er</i>		T1b	
<i>oxybutynin chloride oral solution</i>		T3	
<i>oxybutynin chloride oral syrup</i>		T1b	
<i>oxybutynin chloride oral tablet 5 mg</i>		T1b	
<i>solifenacin succinate</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day); AG (Min 18 Years)
<i>tolterodine tartrate</i>		T1b	
<i>tolterodine tartrate er</i>		T1b	AI (1 tablet per day); QL (1 tablet per 1 day)
<i>trospium chloride</i>		T1b	
<i>trospium chloride er</i>		T1b	AI (1 capsule per day); QL (1 capsule per 1 day); AG (Min 18 Years)
*Urinary Antispasmodics - Beta-3 Adrenergic Agonists***			
<i>mirabegron er oral suspension reconstituted er</i>		T3	PA; AI (10ml per day); QL (10 ML per 1 day); AG (Min 3 Years and Max 12 Years)
<i>mirabegron er oral tablet extended release 24 hour</i>		T3	AI (1 tablet per day); QL (1 tablet per 1 day)
*Urinary Antispasmodics - Cholinergic Agonists***			
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 50 mg</i>		T1b	
*Urinary Antispasmodics - Direct Muscle Relaxants***			
<i>flavoxate hcl</i>		T1b	

Drug Name	Brand	Generic	Additional Information
Vaccines			
*Bacterial Vaccines***			
ACTHIB	\$0		
<i>bcg vaccine injection solution reconstituted</i>		\$0	
BEXSERO	\$0		AI (2 doses (1ml) per year); QL (2 doses per 1 Year); AG (Min 10 Years)
BIOTHRAX	\$0		
CAPVAXIVE	\$0		AI (0.5ml (1 dose) per lifetime); QL (0.5 ML per 1 lifetime); AG (Min 18 Years)
HIBERIX INJECTION	\$0		
MENQUADFI INTRAMUSCULAR SOLUTION	\$0		AI (1 dose (0.5ml) per 354 days); QL (1 dose per 354 days); AG (Max 23 Years)
MENVEO	\$0		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	\$0		
PEDVAXHIB	\$0		
PENBRAYA	\$0		AG (Min 10 Years and Max 25 Years)
<i>penmenvy</i>		\$0	
PNEUMOVAX 23 INJECTION INJECTABLE	\$0		AI (2 doses (1ml) per year); QL (2 doses per 1 Year)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	\$0		AI (1 doses (0.5ml) per year); QL (1 inj per 1 Year)
PREVNAR 13	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime)
PREVNAR 20	\$0		AI (2ml (4 doses) per lifetime); QL (2 ML per 1 Lifetime)
TRUMENBA	\$0		AI (3 doses (1.5ml) per year); AG (Min 10 Years and Max 26 Years)
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	\$0		
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		
VAXCHORA	\$0		
VAXNEUVANCE	\$0		AI (0.5ml (1 dose) per lifetime); QL (0.5 ML per 1 lifetime)
VIVOTIF	\$0		AI (4 capsules per 5 years); QL (4 capsules per 5 Yearss); AG (Min 6 Years)
*Viral Vaccine Combinations***			
PRIORIX	\$0		
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		

Drug Name	Brand	Generic	Additional Information
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (3 doses (3ml) per year); QL (3 doses per 1 Year); AG (Min 18 Years)
*Viral Vaccines***			
ABRYSSVO	\$0		AI (1 dose per lifetime); QL (1 dose per 1 Lifetime); AG (Min 50 Years)
ACAM2000	\$0		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) in 9 months); QL (1 ML per 274 days); AG (Min 6 Years)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
AREXVY	\$0		AI (1 dose per lifetime); QL (1 dose per 1 lifetime); AG (Min 50 Years)
COMIRNATY	\$0		AG (Min 12 Years)
COMIRNATY 5-11 YEARS	\$0		AI (2 Doses per year); QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
DENGVAIXA	\$0		
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	\$0		
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
FLUAD QUADRIVALENT	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 65 Years)
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) per 274 days); QL (0.5 ML per 274 days); AG (Min 9 Years)
FLUBLOK QUADRIVALENT	\$0		AI (0.5ml (1 dose) per 274 days); QL (0.5 ML per 274 days); AG (Min 18 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) per 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (2 doses (1ml) per year); QL (1 ML per 274 days); AG (Min 6 Years)
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose per 274 days); QL (1 dose per 274 days); AG (Min 6 Years)

Drug Name	Brand	Generic	Additional Information
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUMIST	\$0		AI (2 doses per 274 days); QL (2 Doses per 274 days); AG (Min 2 Years and Max 49 Years)
FLUMIST QUADRIVALENT	\$0		AI (2 doses per 274 days); QL (2 Doses per 274 days); AG (Min 6 Years)
FLUZONE HIGH-DOSE QUADRIVALENT	\$0		AI (1 dose (0.7ml) in 9 months); QL (0.7 ML per 274 days); AG (Min 65 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION	\$0		AI (1 dose (0.5ml) in 9 months); QL (1 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION 0.5 ML	\$0		AI (0.5ml (1 dose) per 274 days); QL (0.5 ML per 274 days); AG (Min 6 Years)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	\$0		AI (1 dose (0.5ml) in 9 months); QL (0.5 ML per 274 days); AG (Min 6 Years)
GARDASIL 9	\$0		AI (3 doses (1.5ml) per lifetime); QL (1.5 ML per 1 lifetime); AG (Min 9 Years and Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 doses per 1 lifetime)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (4 doses per 1 lifetime)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	\$0		AI (3 doses (1.5ml) per year); AG (Min 18 Years)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	\$0		
IPOL INJECTION INJECTABLE	\$0		
IPOL INJECTION SUSPENSION	\$0		
IXCHIQ	\$0		
IXIARO	\$0		
<i>janssen covid-19 vaccine</i>		\$0	
JYNNEOS	\$0		AI (2x 0.5 ML doses per year); QL (1 ML per 354 days); AG (Min 18 Years)
MFLUSIVA	\$0		
MNEXSPIKE	\$0		AG (Min 12 Years)
<i>moderna covid-19 bival 6m-5y</i>		\$0	
<i>moderna covid-19 bival booster</i>		\$0	

Drug Name	Brand	Generic	Additional Information
<i>moderna covid-19 bivalent</i>		\$0	
<i>moderna covid-19 vac (booster) intramuscular suspension 50 mcg/0.5ml</i>		\$0	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION	\$0		AI (2 doses per year); QL (2 doses per 1 year); AG (Min 6 Years and Max 11 Years)
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AG (Min 6 Months and Max 11 Years)
<i>moderna covid-19 vacc 6m-5y</i>		\$0	
MRESVIA	\$0		AI (0.5ml (1 dose) per lifetime); QL (1 dose per 1 lifetime); AG (Min 60 Years)
<i>novavax covid-19 vaccine</i>		\$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
NUVAXOVID COVID-19 VACCINE (Novavax COVID-19 Vaccine)	\$0	\$0	AI (2 doses per year); QL (2 doses per 1 year); AG (Min 12 Years)
<i>pfizer covid-19 bival 6mo-4yr</i>		\$0	
<i>pfizer covid-19 vac bival 5-11</i>		\$0	
<i>pfizer covid-19 vac bivalent</i>		\$0	
<i>pfizer covid-19 vac-tris 5-11y intramuscular suspension 10 mcg/0.2ml</i>		\$0	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	\$0		AI (2 doses per year); QL (2 doses per 1 year); AG (Min 5 Years and Max 11 Years)
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.2ml</i>		\$0	
<i>pfizer covid-19 vac-tris 6m-4y intramuscular suspension 3 mcg/0.3ml</i>		\$0	AI (3 doses per year); QL (2 doses per 1 Year); AG (Min 6 Years and Max 4 Years)
<i>pfizer-biontech covid-19 vacc</i>		\$0	
PREHEVBRIO	\$0		
RABAVERT	\$0		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	\$0		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	\$0		
ROTARIX ORAL SUSPENSION RECONSTITUTED	\$0		
ROTATEQ ORAL SOLUTION	\$0		
<i>sanofi covid-19 vac (booster)</i>		\$0	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	\$0		AI (2 doses per lifetime); QL (2 doses per 1 lifetime); AG (Min 50 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	\$0		AI (2 doses per lifetime); QL (2 doses per 1 lifetime); AG (Min 50 Years)
SPIKEVAX	\$0		AG (Min 12 Years)

Drug Name	Brand	Generic	Additional Information
SPIKEVAX 6M-11Y	\$0		AG (Min 6 Months and Max 11 Years)
SPIKEVAX COVID-19 VACCINE (<i>Moderna COVID-19 Vaccine</i>)	\$0	\$0	
<i>stamaril</i>		\$0	
TICOVAC	\$0		
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (2 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML	\$0		AI (4 doses (2ml) per lifetime); QL (2 ML per 1 lifetime)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML	\$0		AI (4 doses (4ml) per lifetime); QL (4 ML per 1 lifetime)
VARIVAX INJECTION	\$0		AI (2 Doses per year); QL (2 inj per 1 Year)
VARIVAX SUBCUTANEOUS	\$0		AI (2 doses per year); QL (2 doses per 1 Year)
VIMKUNYA	\$0		AG (Min 12 Years)
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	\$0		
Vaginal And Related Products			
*Imidazole-Related Antifungals***			
GYNAZOLE-1	T3		F
<i>terconazole vaginal cream</i>		T2	F
*Spermicides***			
ENCARE VAGINAL SUPPOSITORY	\$0		F
OPTIONS GYNOL II CONTRACEPTIVE	\$0		F
TODAY SPONGE	\$0		AI (12 sponges per month); F; QL (4 boxes per 1 Month)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	\$0		F
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	\$0		
*Vaginal Anti-Infectives***			
<i>clindamycin phosphate vaginal</i>		T1b	AI (40gm per 7 days); F; QL (40 GM per 7 days)
<i>metronidazole vaginal</i>		T2	AI (1x 70gm tube per month); F; QL (70 GM per 30 days)
*Vaginal Estrogens***			
<i>estradiol vaginal cream</i>		T1b	F
FEMRING	T3		AI (1 vaginal ring per 90 days); F; QL (1 vaginal ring per 90 days)
PREMARIN VAGINAL	T2		F
YUVAFEM (<i>Estradiol</i>)	T3	T3	F

Drug Name	Brand	Generic	Additional Information
Vasopressors			
*Anaphylaxis Therapy Agents***			
<i>epinephrine solution auto-injector 0.15 mg/0.3ml injection</i>		T2	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
<i>epinephrine solution auto-injector 0.3 mg/0.3ml injection</i>		T2	AI (2 pens per month. Vitaris and Teva Epinephrine is preferred product. Non Vitaris pens are non formulary.); QL (2 pens per 1 month)
*Neurogenic Orthostatic Hypotension (Noh) - Agents***			
<i>droxidopa capsule 100 mg oral</i>		SP	AI (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ? are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (3 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa capsule 200 mg oral</i>		SP	AI (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ? are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (6 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa capsule 300 mg oral</i>		SP	AI (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ? are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (6 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa oral capsule 100 mg</i>		SP	PA; SP; AI (3 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ? are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (3 capsules per 1 day); AG (Min 18 Years)
<i>droxidopa oral capsule 200 mg, 300 mg</i>		SP	PA; SP; AI (6 capsules per day; Only Civica NDCs 82249055190, 82249055290, 82249055490 ? are covered with no PA, daily dose, minimum age limit & 30 day supply @ Sort Pak, call 877-570-7787.); QL (6 capsules per 1 day); AG (Min 18 Years)
*Vasopressors***			
<i>epinephrine pf injection solution</i>		T2	
<i>midodrine hcl</i>		T3	

Drug Name	Brand	Generic	Additional Information
Vitamins			
*Paba***			
POTABA ORAL CAPSULE	T3		
*Vitamin D***			
BABY DDROPS ORAL LIQUID (<i>Baby Super Daily D3</i>) 10 MCG /0.028ML	\$0	\$0	AG (Min 65 Years)
BABY DDROPS ORAL LIQUID 10 MCG/0.03ML	\$0		AG (Min 65 Years)
<i>baby vitamin d3 oral liquid 10 mcg /0.028ml</i>		\$0	AG (Min 65 Years)
BABYS SUPER DAILY D3 ORAL LIQUID (<i>Baby Super Daily D3</i>) 10 MCG /0.028ML	\$0	\$0	AG (Min 65 Years)
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	\$0		AG (Min 65 Years)
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	\$0		AG (Min 65 Years)
<i>cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>d 1000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d 400 oral tablet</i>		\$0	AG (Min 65 Years)
<i>d 5000 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d-1000</i>		\$0	AG (Min 65 Years)
<i>d-1000 extra strength</i>		\$0	AG (Min 65 Years)
<i>d3 2000</i>		\$0	AG (Min 65 Years)
<i>d3 5000</i>		\$0	AG (Min 65 Years)
<i>d3 adult</i>		\$0	AG (Min 65 Years)
<i>d3 baby drops</i>		\$0	AG (Min 65 Years)
<i>d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>d3 high potency oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 kids</i>		\$0	AG (Min 65 Years)
<i>d3 max st oral capsule 250 mcg (10000 ut)</i>		\$0	AG (Min 65 Years)
<i>d3 maximum strength oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>d3 oral tablet</i>		\$0	
<i>d3 oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>d3 super strength</i>		\$0	AG (Min 65 Years)
<i>d3-1000</i>		\$0	AG (Min 65 Years)
D3-50 (<i>Vitamin D3</i>)	\$0	\$0	AG (Min 65 Years)
<i>d-400</i>		\$0	AG (Min 65 Years)
<i>d-5000</i>		\$0	AG (Min 65 Years)
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	\$0		AG (Min 65 Years)
DECARA ORAL CAPSULE (<i>Vitamin D3</i>) 1.25 MG (50000 UT)	\$0	\$0	AG (Min 65 Years)
<i>delta d3</i>		\$0	AG (Min 65 Years)

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Drug Name	Brand	Generic	Additional Information
DIALYVITE VITAMIN D 5000 (D-3-5)	\$0	\$0	AG (Min 65 Years)
DIALYVITE VITAMIN D3 MAX (Vitamin D3 Ultra Potency)	\$0	\$0	AG (Min 65 Years)
D-VI-SOL ORAL LIQUID (Vitamin D3) 10 MCG/ML	\$0	\$0	AG (Min 65 Years)
<i>eq d3 drops infants/childrens</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 gummies</i>		\$0	AG (Min 65 Years)
<i>eql vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>ergocalciferol oral capsule</i>		T3	
<i>finest nutrition vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3</i>		\$0	AG (Min 65 Years)
<i>ft vitamin d3 rapid release</i>		\$0	AG (Min 65 Years)
<i>gnp d 1000</i>		\$0	AG (Min 65 Years)
<i>gnp d 2000</i>		\$0	AG (Min 65 Years)
<i>gnp d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d maximum strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d super strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d3 extra strength</i>		\$0	AG (Min 65 Years)
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>		\$0	AG (Min 65 Years)
HEALTHY KIDS VITAMIN D3 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
KIDS FIRST VITAMIN D3 GUMMIES (D 1000)	\$0	\$0	AG (Min 65 Years)
<i>kls d3</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral capsule 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>kp vitamin d3</i>		\$0	AG (Min 65 Years)
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	\$0		AG (Min 65 Years)
<i>natural vitamin d-3</i>		\$0	
OPTIMAL D3 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
OPURITY VITAMIN D (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
PRONUTRIENTS VITAMIN D3 (Vitamin D3)	\$0	\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>qc vitamin d3 oral tablet 10 mcg (400 unit), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>ra vitamin d-3</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral capsule 100 mcg (4000 ut), 125 mcg (5000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>sm vitamin d3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>sm vitamin d3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>sv vitamin d3</i>		\$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
THERA-D 2000 (<i>Cholecalciferol</i>)	\$0	\$0	AG (Min 65 Years)
THERA-D RAPID REPLETION (<i>Cholecalciferol</i>)	\$0	\$0	AG (Min 65 Years)
<i>true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>true vitamin d3 oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAJOY DAILY D GUMMIES (<i>D 1000</i>)	\$0	\$0	AG (Min 65 Years)
VITAMELTS VITAMIN D	\$0		AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d (cholecalciferol) oral tablet chewable</i>		\$0	AG (Min 65 Years)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>		T3	
<i>vitamin d high potency</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral capsule 1.25 mg (50000 ut), 125 mcg, 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral liquid 10 mcg/ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d oral tablet 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
VITAMIN D-1000 MAX ST (<i>Vitamin D3</i>)	\$0	\$0	AG (Min 65 Years)
<i>vitamin d3 adult gummies</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 extra strength oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 fast dissolve</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies adult</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 gummies oral tablet chewable 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
VITAMIN D3 IMMUNE HEALTH	\$0		AG (Min 65 Years)
<i>vitamin d3 max</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 maximum strength</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral capsule</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral capsule 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 250 mcg (10000 ut), 50 mcg (2000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral liquid 125 mcg/0.5ml, 125 mcg/ml, 25 mcg/spray, 30 mcg/15ml</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 oral tablet 125 mcg (5000 ut)</i>		\$0	
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 oral tablet dispersible</i>		\$0	AG (Min 65 Years)
<i>vitamin d-3 sublingual</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 super strength oral tablet</i>		\$0	AG (Min 65 Years)
<i>vitamin d3 ultra strength</i>		\$0	AG (Min 65 Years)

Drug Name	Brand	Generic	Additional Information
WEEKLY-D (<i>Vitamin D3</i>)	\$0	\$0	AG (Min 65 Years)
<i>well vitamin d3</i>		\$0	AG (Min 65 Years)
YUMVS VITAMIN D3 (<i>D 1000</i>)	\$0	\$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (<i>D 1000</i>) 25 MCG (1000 UT)	\$0	\$0	AG (Min 65 Years)
YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (<i>D3</i>) 62.5 MCG (2500 UT)	\$0	\$0	AG (Min 65 Years)
YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE (<i>D 1000</i>) 25 MCG (1000 UT)	\$0	\$0	AG (Min 65 Years)
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VITAJOY DAILY D GUMMIES	210	WIDE-SEAL DIAPHRAGM 65	145	ZENZEDI	10
VITAMELTS VITAMIN D	210	WIDE-SEAL DIAPHRAGM 70	145	ZEPOSIA STARTER KIT	198
<i>vitamin d</i>	210	WIDE-SEAL DIAPHRAGM 75	146	ZETONNA	188
<i>vitamin d (cholecalciferol)</i>	210	WIDE-SEAL DIAPHRAGM 80	146	<i>zevrx insulin syringe</i>	180
<i>vitamin d (ergocalciferol)</i>	210	WIDE-SEAL DIAPHRAGM 85	146	<i>zevrx pen needles</i>	180
<i>vitamin d high potency</i>	210	WIDE-SEAL DIAPHRAGM 90	146	<i>zevrx twist top lancets 30g</i>	165
VITAMIN D-1000 MAX ST	210	WIDE-SEAL DIAPHRAGM 95	146	<i>zidovudine</i>	83
<i>vitamin d3</i>	210	WIXELA INHUB	30	<i>zileuton er</i>	28
<i>vitamin d-3</i>	210	WYMZYA FE	94	ZIMHI	48
		XALKORI	59	<i>ziprasidone hcl</i>	79
		XARACOLL	144	<i>ziprasidone mesylate</i>	79
		XARAH FE	98	ZIRGAN	190
		XARELTO	33	ZOLADEX	74
		XARELTO STARTER PACK	33	ZOLINZA	63

<i>zolmitriptan</i>	184
<i>zolpidem tartrate</i>	143
<i>zolpidem tartrate er</i>	143
<i>zonisamide</i>	36
ZONTIVITY	139
ZORBTIVE	131
ZOVIA 1/35 (28)	94
ZUBSOLV	25
ZUMANDIMINE	94
ZURNAI	48
ZYDELIG	75
ZYKADIA	59



An Independent Licensee of the Blue Cross Blue Shield Association

Notice of Nondiscrimination

Discrimination Is Against the Law

Blue Cross® Blue Shield® of Arizona (AZ Blue) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits, pregnancy or related conditions, sexual orientation, gender identity, and sex stereotypes). **AZ Blue** does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

If you believe that **AZ Blue** has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

or email us at crc@azblue.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.



Un licenciario independiente de Blue Cross Blue Shield Association

Aviso de no discriminación

La discriminación es ilegal

Blue Cross® Blue Shield® of Arizona (AZ Blue) cumple con las leyes federales de derechos civiles vigentes y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad ni sexo (de conformidad con el alcance de la discriminación sexual descrita en la Sección 92.101[a][2] del Título 45 del Código de Regulaciones Federales [CFR]) (o sexo, que incluye las características sexuales, como rasgos intersexuales, embarazo o condiciones relacionadas, orientación sexual, identidad de género y estereotipos sexuales). **AZ Blue** no excluye a las personas ni las trata de manera menos favorable por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo.

AZ Blue:

- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
 - Intérpretes de lenguaje de señas calificados.
 - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
 - Intérpretes calificados.
 - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios.

Si considera que **AZ Blue** no ha proporcionado estos servicios o ha discriminado de cualquier otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

Section 1557 Coordinator

P.O. Box 13466

Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a crc@azblue.com

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yániit'i'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahít hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'í' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjii' 1-877-475-4799.

Chinese Simplified: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 1-877-475-4799。

Chinese Traditional: 如果您說[中文], 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistentendienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. فارسی اگر توجه: 1-877-475-4799 با شماره دسترس، به‌طور رایگان موجود می‌باشند.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル(誰もが利用できるよう配慮された)な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799。